



Family and Medical Leave in 2012: Methodology Report— Appendices

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Appendix A. Employee Survey Materials

A.1 Employee Advance Letter

[SECRETARY OF LABOR LETTERHEAD]

Dear Respondent,

I am writing to encourage your participation in a major study being conducted by the Department of Labor that will collect information on family and medical leave policies and benefits. You have been randomly selected for participation in this study. The results of this research will provide critical information on employees' views on the costs and benefits of both formal and informal policies regarding family and medical leave. I strongly urge your support in this important study.

Telephone interviews for this study are being conducted for the Department of Labor by Abt Associates, a private research firm in Cambridge, Massachusetts, and its survey division, Abt SRBI. An Abt SRBI telephone interviewer will call you regarding your participation. Participants will receive \$10 as a token of appreciation. Participation is voluntary, and Abt is required to protect the privacy of all information collected, including the identity of respondents. In addition, the data provided by Abt Associates to the Department will not contain any information that would identify you. There are many procedures in place to reduce the minimal potential risk in loss of privacy in this study.

The interview will last about 20 minutes although some may be shorter depending on your circumstances. If an interviewer calls at an inconvenient time, he or she will be glad to call back at a more convenient time. Alternatively, you may call Abt Associates' phone centers directly at the following toll-free number 1-888-772-4269. We appreciate your assistance.

Surveys require clearance from the Office of Management and Budget (OMB) in accordance with the Paperwork Reduction Act of 1995. The OMB approval number is 1235-0026 and the expiration date is December 31, 2014. Without OMB approval, the Department of Labor could not conduct this survey.

Thank you in advance for your participation. If you should have any questions, comments, or data privacy concerns, please contact Jacob Klerman, at Abt Associates, on 877-666-8756.

Sincerely,

Dr. William Spriggs
Assistant Secretary for Policy

A.2 Employee Survey

2012 FAMILY AND MEDICAL LEAVE ACT (FMLA) SURVEY

EMPLOYEE SURVEY

NOTE:

RESPONSE OPTIONS IN ALL CAPS ARE NOT READ ALOUD BY THE INTERVIEWER.

TEXT IN ALL CAPS IS A PROGRAMMER NOTE OR INTERVIEWER INSTRUCTION.

TEXT IN BRACKETS IS TO BE FILLED IN PROGRAMMATICALLY OR DETERMINED BY INTERVIEWER.

I. SCREENER (Sections S &T)

1. Screen for employment, etc.
2. Leave Designation
3. Telephone Usage (T1-6)

RDD INTRODUCTION

[CATI: If FRAME=0, start interview at INTRO1. If FRAME=1, start at INTRO2]

INTRO1. Hello, my name is [INTERVIEWER] and I'm calling on behalf of the U.S. Department of Labor. We are conducting a national study to find out about employees' use of, and attitudes about, family and medical leave policies in their workplace.

[PROGRAMMER: START SCREENER TIME STAMP HERE]

S1. Are you a member of this household and at least 18 years old?

- | | | |
|---|-----------|------------|
| 1 | YES | [GO TO S4] |
| 2 | NO | [GO TO S2] |
| 8 | DK (VOL) | [GO TO S2] |
| 9 | REF (VOL) | [GO TO S2] |

S2. May I speak to a household member who is at least 18 years old?

- | | | |
|---|---|--------------------------------|
| 1 | AVAILABLE | [REPEAT INTRO1] |
| 2 | NOT AVAILABLE (CALLBACK – SAME NUMBER) | [SCHEDULE CALLBACK] |
| 3 | ALTERNATE NUMBER PROVIDED (CALLBACK – NEW NUMBER) | [UPDATE NUMBER, GO TO UP1] |
| 4 | THERE ARE NONE | [GO TO THANK01] |
| 8 | DK (VOL) | [GO TO THANK01] [SOFT REFUSAL] |
| 9 | REF (VOL) | [GO TO THANK01] [SOFT REFUSAL] |

[CATI: Ask UP1 if S2 = 3]

UP1. Is that a landline or cell phone?

- | | |
|---|----------------------------------|
| 1 | Landline [CATI: Flag CELL = 0] |
| 2 | Cell Phone [CATI: Flag CELL = 1] |

[IF NECESSARY: Household members include people who think of this household as their primary place of residence. It includes persons who usually stay in the household but are

temporarily away, such as in the military, on business, on vacation, in a hospital, or living at school in a dorm, fraternity, or sorority.]

CELL PHONE INTRODUCTION

[CATI: Only ask INTRO2 if FRAME=1]

INTRO2. Hello, my name is [INTERVIEWER] and I'm calling on behalf of the U.S. Department of Labor. We are conducting a national study to find out about employees' use of, and attitudes about, family and medical leave policies in their workplace.

If you are now driving a car or doing any activity requiring your full attention, I need to call you back later.

- | | | |
|---|--|--------------------------------|
| 1 | AVAILABLE/NOT DRIVING | [GO TO S3] |
| 2 | NOT AVAILABLE/CURRENTLY DRIVING (CALLBACK – SAME NUMBER) | [SCHEDULE CALLBACK] |
| 3 | ALTERNATE NUMBER PROVIDED (CALLBACK – NEW NUMBER) | [UPDATE NUMBER, GO TO UP2] |
| 8 | DK (VOL) | [GO TO THANK02] [SOFT REFUSAL] |
| 9 | REF (VOL) | [GO TO THANK02] [SOFT REFUSAL] |

[CATI: Ask UP2 if INTRO2 = 3]

UP2. Is that a landline or cell phone?

- | | |
|---|----------------------------------|
| 3 | Landline [CATI: Flag CELL = 0] |
| 4 | Cell Phone [CATI: Flag CELL = 1] |

S3. Are you at least 18 years old?

- | | | |
|---|-----------|--------------------------------|
| 1 | YES | [GO TO S4] |
| 2 | NO | [GO TO THANK01] |
| 8 | DK (VOL) | [GO TO THANK01] [SOFT REFUSAL] |
| 9 | REF (VOL) | [GO TO THANK01] [SOFT REFUSAL] |

[CATI: Ask all S4]

S4. Results from this study will be used to assess the impact of family and medical leave policies on employees.

[IF INCENT=1, DISPLAY:]

If you qualify and then complete the survey, we will pay you \$10 as a token of our appreciation.

To determine if your household qualifies for the survey, I need to get some information about the members of your household who are age 18 or over. These questions will take under three minutes to complete.

S5. How many adults age 18 or over live in your household? _____

[RANGE 1-11, 99 DK/REF SOFT REFUSAL]

Let's start with you.

S6 (A1-X)	S7 (A1-X)	S8 (A1-X)	S9 (A1-X)	S10 (A1-X)	S11 (A1-x)	S12 (A1-x)	LEAVE DESIGNATION
What is [your/the A2-X]'s first name or initials?	What is [your/A2-X]'s age?	[IF NECESSARY: I know this may sound awkward, but I have to ask:] What is [your/A2-X's] gender?	[Have you / has A2-X] worked for pay or profit in the last 12 months?	In the last 12 months, [have you / has A2-X] worked for the government, a private company, a non-profit organization, or [have you / has A2-X] been self-employed? [IF NECESSARY: Please think about your most recent/main job.]	TAKEN LEAVE IN LAST 18 MONTHS	NEEDED BUT DID NOT TAKE LEAVE IN LAST 18 MONTHS	FMLAFLG_A1-X IF [QS11=1 AND QS12>1], FMLAFLG=1. IF [QS12=1], FMLAFLG=2. IF [QS11=2 AND QS12=2] OR [QS11=2 AND QS12>1] OR [QS11>1 AND QS12=2], FMLAFLG=3. IF [QS11>2 AND QS12>2], CODE INELIGIBLE.
Your			YES (1) NO (2)	GOV (1) PRV (2) NON (3) SELF (4)	YES (1) NO (2)	YES (1) NO (2)	
2 nd adult's			YES (1) NO (2)	GOV (1) PRV (2) NON (3) SELF (4)	YES (1) NO (2)	YES (1) NO (2)	
3 rd adult's			YES (1) NO (2)	GOV (1) PRV (2) NON (3) SELF (4)	YES (1) NO (2)	YES (1) NO (2)	
4 th adult's			YES (1) NO (2)	GOV (1) PRV (2) NON (3) SELF (4)	YES (1) NO (2)	YES (1) NO (2)	
5 th adult's			YES (1) NO (2)	GOV (1) PRV (2) NON (3) SELF (4)	YES (1) NO (2)	YES (1) NO (2)	
6 th adult's			YES (1) NO (2)	GOV (1) PRV (2) NON (3) SELF (4)	YES (1) NO (2)	YES (1) NO (2)	
7 th adult's			YES (1) NO (2)	GOV (1) PRV (2) NON (3) SELF (4)	YES (1) NO (2)	YES (1) NO (2)	
8 th adult's			YES (1) NO (2)	GOV (1) PRV (2) NON (3) SELF (4)	YES (1) NO (2)	YES (1) NO (2)	
9 th adult's			YES (1) NO (2)	GOV (1) PRV (2) NON (3) SELF (4)	YES (1) NO (2)	YES (1) NO (2)	
10 th adult's			YES (1) NO (2)	GOV (1) PRV (2) NON (3) SELF (4)	YES (1) NO (2)	YES (1) NO (2)	
11 th adult's			YES (1) NO (2)	GOV (1) PRV (2) NON (3) SELF (4)	YES (1) NO (2)	YES (1) NO (2)	

[IF QS6 = DK/REF FOR 2ND-11TH ADULT, REFER TO BY "second adult/third adult/etc" AND AGE/GENDER (QS7/QS8)]

[QS7: RANGE 18-97; DK/REF (99)]

[QS8: MALE (1) FEMALE (2) DK/REF (9)]

[IF QS9 = 1, ASK QS10. IF QS9>1, LOOP BACK TO QS6 FOR NEXT ADULT HH MEMBER]

[IF QS10 = 4, CODE INELIGIBLE AND LOOP BACK TO QS6 FOR NEXT ADULT HH MEMBER]

S11. In the LAST 18 MONTHS, that is, since [INSERT 18 MONTH PERIOD] [have you/has [FILL A1-X FROM QS6]] taken leave from work for ANY of the following reasons:

- to care for a newborn, newly adopted or new foster child; (IF NECESSARY: This includes both maternity AND paternity leave)
- for [your own/[FILL A1-X FROM QS6]]'s] serious health condition or to care for someone else's serious health condition;
- for pregnancy-related reasons (IF NECESSARY: [IF QS8 >1: your own/[FILL A1-X FROM QS6]]'s or] a family member's); or
- to care for a military service member, or for reasons related to the deployment of a military service member?

[IF YES: READ FOR FIRST LOOP ONLY; READ IF NECESSARY FOR ALL OTHER HH MEMBERS (A2-X): A serious health condition, for purposes of this survey, means a condition that lasted more than 3 days and required treatment by a health care provider, a condition that required an overnight hospital stay, or a long-lasting condition for which one must see a health care provider at least twice a year for treatment. It may also include a condition that makes one permanently unable to work or perform other daily functions, or that requires treatments to keep from becoming incapacitated.]

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

S12. In the LAST 18 MONTHS [have you/has [FILL A1-X FROM QS6]] NEEDED to take leave from work but DID NOT, for ANY of the reasons I just listed? [INTERVIEWER: IF NECESSARY, REFER TO JOB AID ON LEAVE DEFINITION]

[IF NECESSARY: I can read the reasons again if you'd like:

- to care for a newborn, newly adopted or new foster child; (IF NECESSARY: This includes both maternity AND paternity leave)
- for [your own/[FILL A1-X FROM QS6]]'s] serious health condition or to care for someone else's serious health condition;
- for pregnancy-related reasons (IF NECESSARY: [IF QS8 >1: your own/[FILL A1-X FROM QS6]]'s or] a family member's); or
- to care for a military service member, or for reasons related to the deployment of a military service member?]

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

[CATI: LOOP BACK TO QS6 –QS12 FOR NEXT ADULT HH MEMBER]

S13. Just to confirm, there [is/are] a total of [FILL QS5] adult household member(s). Is that correct?

- 1 NUMBER OF HH MEMBERS IN MATRIX CORRECT
- 2 NUMBER OF HH MEMBERS IS INCORRECT → [RETURN TO MATRIX (QS5)]

[ASK QS14 FOR EVERY HH MEMBER WHERE AGE IS MISSING (QS7 = 99)]

S14. [Are you/Is [FILL A1-X FROM QS6]] 18 years old or older?

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

[PROGRAMMER: END SCREENER TIME STAMP HERE]

TERMINATIONS:

READMSG. [READ THE FOLLOWING MESSAGE INTO THE ANSWERING MACHINE:]

This is [INTERVIEWER] calling for a study that is being conducted for the U.S. Department of Labor. We are conducting this study to ask you about family and medical leave policies provided in your workplace. Study results will be used to assess the impact of family and medical leave policies on employees, so your opinions are important. Your phone number was randomly selected and your answers will be kept private. [If you complete the survey, we will pay you \$10 as a token of our appreciation.] We will call back within the next day or two. Thank you.

THANK01. Thank you very much, but we are only interviewing in households with members who are 18 and over.

THANK02. Thank you very much for the information. These are all the questions I have at this time.

THANK03. Thank you very much, but your household does not qualify for the study. These are all the questions I have at this time.\

RESPONDENT SELECTION INSTRUCTIONS – FOR PROGRAMMING USE ONLY

- 1) IF S5=1, HHFLG=FMLAFLG_A1.
 - 2) IF ALL [FMLAFLG_A1 THRU FMLAFLG_AX=1], HHFLG=1.
 - 3) IF ALL [FMLAFLG_A1 THRU FMLAFLG_AX=2], HHFLG=2.
 - 4) IF ALL [FMLAFLG_A1 THRU FMLAFLG_AX=3], HHFLG=3.
SELECT 20% OF THESE HHFLG= 3 RESPONDENTS ONLY TO BE SUBSAMPLED.
 - 5) IF [FMLAFLG_A1 TO FMLAFLG_AX=2] AND [FMLAFLG_A1 TO FMLAFLG_AX=1], ASSIGN HHFLG=2 WITH 90%, HHFLG=1 WITH 10% PROB.
 - 6) IF [FMLAFLG_A1 TO FMLAFLG_AX=2] AND [FMLAFLG_A1 TO FMLAFLG_AX=3], ASSIGN HHFLG=2 WITH 90%, HHFLG=3 WITH 10% PROB (NOT ELIGIBLE FOR 20% SUBSAMPLE).
 - 7) IF [FMLAFLG_A1 TO FMLAFLG_AX=1] AND [FMLAFLG_A1 TO FMLAFLG_AX=3], ASSIGN HHFLG=1 WITH 90%, HHFLG=3 WITH 10% PROB (NOT ELIGIBLE FOR 20% SUBSAMPLE).
 - 8) IF [FMLAFLG_A1 TO FMLAFLG_AX=1] AND [FMLAFLG_A1 TO FMLAFLG_AX=2] AND [FMLAFLG_A1 TO FMLAFLG_AX=3], ASSIGN HHFLG=1 WITH 10%, HHFLG=2 WITH 80%, AND HHFLG=3 WITH 10% PROB (NOT ELIGIBLE FOR 20% SUBSAMPLE).
 - 9) IF RESPONDENT IS A LEAVE TAKER OR LEAVE NEEDER [FMLAFLG=1 OR 2], CONTINUE TO SECTION T.
 - 10) IF FMLAFLG=3 AND HAS BEEN SUBSAMPLED FOR EXTENDED INTERVIEW, CONTINUE TO SECTION T.
 - 11) IF FMLAFLG=3 AND RESPONDENT HAS NOT BEEN SUBSAMPLED, THANK03 AND END.
 - 12) IF [S11=1] AND [S12=1] FOR SELECTED RESPONDENT, THEN FMLAFLG_DUAL=1, ELSE FMLAFLG_DUAL=0.
 - 13) IF [QS9=2] FOR ALL [A1 THRU AX], THANK03 AND END (SCREEN OUT).
IF [QS9>2] FOR ALL [A1 THRU AX], THANK AND END. CODE SOFT REFUSAL.
IF [QS11>2 AND QS12>2] FOR ALL [A1 THRU AX], THANK AND END. CODE SOFT REFUSAL.
 - 14) IF MORE THAN 1 HH MEMBER HAS THE SAME FMLAFLG, AND THAT FMLAFLG = HHFLG, THEN RANDOMLY SELECT ONE RESPONDENT
- CATI: CREATE 3 QUALIFIED LEVELS BASED ON:
QUALIFIED LEAVE TAKER (HHFLG = 1)
QUALIFIED LEAVE NEEDER (HHFLG = 2)
QUALIFIED SUBSAMPLED EMPLOYED ONLY (HHFLG = 3)

SECTION T – TELEPHONE USAGE

Before we begin, we just have a few quick questions about telephone use in your household. These items will be used for statistical purposes to make sure that all households in the country are represented in this study.

[ASK T1 IF FRAME=0]

T1. Now thinking about your telephone use, do you have a working cell phone?

- 1 YES, HAVE CELL PHONE
- 2 NO, DO NOT HAVE CELL PHONE
- 9 DK/REF (VOL)

[ASK IF T1=1 OR FRAME=1]

T2. [IF FRAME=1: Including this one,] How many working cell phones do YOU personally have?

- (1-6) RECORD NUMBER [ENTER 6 IF 6 OR GREATER]
- 9 DK/REF (VOL)

[ASK IF QS5 > 1 (2+ ADULT HOUSEHOLD)]

T3. Thinking about the other adults in your household, how many working cell phones in total do THEY have?

- (0-6) RECORD NUMBER [ENTER 6 IF 6 OR GREATER]
- 9 DK/REF (VOL)

[ASK IF FRAME=1]

T4. Is a cell phone your ONLY phone, or do you also have a regular landline telephone at home?

- 1 CELL PHONE IS ONLY PHONE
- 2 HAVE LANDLINE TELEPHONE AT HOME
- 9 DK/REF (VOL)

[ASK IF FRAME=0 OR T4=2]

T5. [IF FRAME=0: Including this number,] How many different residential phone NUMBERS do you have coming into your household, not including lines dedicated to a fax machine, modem, or used strictly for business purposes? Do not include cellular phones.

- (1-6) RECORD NUMBER [ENTER 6 IF 6 OR GREATER]
- 9 DK/REF (VOL)

[IF FRAME=0: ASK IF T1=1 OR T3=1-6

IF FRAME=1: ASK IF T4=2]

T6. Of all the telephone calls that you [IF QS5 > 1 (2+ ADULT HOUSEHOLD): or your family] receive, are:

- 1 All or almost all calls received on cell phones,
- 2 Some received on cell phones and some on regular phones, or
- 3 Very few or none on cell phones?
- 9 DK/REF (VOL)

[IF FMLAFLG=1 OR FMLAFLG_DUAL=1 FOR SELECTED RESPONDENT, CONTINUE TO SECTION A]

SECTION A – LEAVE TAKERS

[IF SELECTED RESPONDENT IS PERSON ON THE PHONE, SKIP TO INTRO3]

[IF SELECTED RESPONDENT IS NOT PERSON ON THE PHONE:]

HANDOFF1. [FILL QS6 AX] has been selected as the respondent for this survey. May I please speak to [FILL QS6 AX] for the rest of the interview?

- 1 YES/PHONE HANDED OFF [GO TO INTRO3]
- 2 NOT AVAILABLE (CALLBACK – SAME NUMBER) [SCHEDULE CALLBACK]
- 3 ALTERNATE NUMBER PROVIDED (CALLBACK – NEW NUMBER)
[UPDATE NUMBER, GO TO UP3]
- 9 DK/REF (VOL) [GO TO THANK02]

[CATI: Ask UP3 if HANDOFF1 = 3]

UP3. Is that a landline or cell phone?

- 5 Landline [CATI: Flag CELL = 0]
- 6 Cell Phone [CATI: Flag CELL = 1]

INTRO3. [IF NEW RESPONDENT:] Hello, my name is [INTERVIEWER] and I'm calling on behalf of the U.S. Department of Labor. We are conducting a national study to find out about people's use of, and attitudes about, family and medical leave policies in the workplace. Study results will be used to assess the impact of family and medical leave policies on employees.

[IF INCENT=1, DISPLAY:]

If you qualify and then complete the survey, we will pay you \$10 as a token of our appreciation.

[ALL RESPONDENTS:] Your participation is voluntary and all information you provide will be kept private to the greatest extent possible under the law. We have many procedures in place to reduce the small potential risk of loss of privacy. If we should come to any question you don't understand or don't want to answer, I'll try to clarify or we can move on to the next question. The survey should take about 15 to 25 minutes to complete, depending on your answers.

A1. [IF NEW RESPONDENT:] Can you please confirm that in the last 18 months, that is, since [INSERT 18 MONTH PERIOD],

[IF SAME RESPONDENT:] I want to confirm with you that in the last 18 months, that is, since [INSERT 18 MONTH PERIOD],

you have taken leave from work for ANY of the following reasons:

- to care for a newborn, newly adopted or new foster child; (IF NECESSARY: This includes both maternity AND paternity leave)
- for your own serious health condition or to care for someone else's serious health condition;
- for pregnancy-related reasons (IF NECESSARY: [IF QS8 >1 FOR SELECTED RESPONDENT: your own or] a family member's); or
- to care for a military service member, or for reasons related to the deployment of a military service member?

[IF YES AND IF NEW RESPONDENT; ELSE, AS NECESSARY:] A serious health condition, for purposes of this survey, means a condition that lasted more than 3 days and required treatment by a health care provider, a condition that required an overnight hospital stay, or a long-lasting condition for which one must see a health care provider at least twice a year for treatment. It may also include a condition that makes one permanently unable to work or perform other daily functions, or that requires treatments to keep from becoming incapacitated.

Is this correct? [Have you taken leave from work for one or more of these reasons?]

- | | | |
|---|-----------|-------------|
| 1 | YES | [GO TO QA2] |
| 2 | NO | [GO TO QB2] |
| 8 | DK (VOL) | [GO TO QS5] |
| 9 | REF (VOL) | [GO TO QS5] |

[IF R ANSWERS DK/REF TO QA1, RE-SCREEN TO CONFIRM LEAVE STATUS. IF THE SAME R COMES BACK TO QA1 AND ANSWERS DK/REF A SECOND TIME, GO TO SECTION C]

A2. Was there an event like this IN THE LAST YEAR [12 MONTHS, INSERT DATE]?

- | | |
|---|-----------|
| 1 | YES |
| 2 | NO |
| 8 | DK (VOL) |
| 9 | REF (VOL) |

A3. Are you currently on this type of leave from work?

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

[IF QS8=9 FOR SELECTED RESPONDENT:]

GUESSGENDER1. 1 MALE
 2 FEMALE
 9 DK

A4. We are interested in the number of times you took leave from work for A SINGLE reason or condition (yours, or that of the person you cared for), and this is regardless of whether you took time off all at once or in separate blocks of time. So, for how many TOTAL reasons or conditions did you take leave from work since [INSERT 18 MONTH PERIOD]?

[RANGE: 1-100]
DK (VOL) 888
REF (VOL) 999

[IF QA4=1, CONFIRM: "So, that's just one leave in the last 18 months?"]
[IF QA4=2-100, CONFIRM: "So, that's [FILL] or more leave occasions for [FILL] separate reasons?"]

[IF A4=2-100 DISPLAY: INTERVIEWER: BEFORE PROCEEDING, RECORD REASONS AND DATES FOR EACH LEAVE IN EVENT HISTORY CALENDAR]

[IF QA2=2, SKIP TO QA5]

A4a. For how many TOTAL reasons or conditions did you take leave from work IN THE PAST YEAR, that is since [INSERT 12 MONTH PERIOD]?

[RANGE: 1-100]
DK (VOL) 888
REF (VOL) 999

[NUMBER ENTERED MUST BE LESS THAN OR EQUAL TO QA4.]
[IF QA4a=1, CONFIRM: "So, that's just one leave in the last 12 months?"]
[IF QA4a=2-100, CONFIRM: "So, that's [FILL] or more leave occasions for [FILL] separate reasons?"]

[IF A4=2-100 DISPLAY: INTERVIEWER: BEFORE PROCEEDING, CONFIRM PAST 12 MONTHS ENTRY IN EVENT HISTORY CALENDAR]

[IF QA4>1, READ:] Let's begin by talking about the LONGEST time that you took leave from work since [INSERT 18 MONTH PERIOD].

A5. What was the main reason you took this type of leave from work [IF QA4>1, READ: on your [longest/most recent] leave]? [SINGLE MENTION]

- 1 OWN ILLNESS, DISABILITY OR OTHER SERIOUS HEALTH CONDITION, EXCEPT MATERNITY-RELATED ILLNESS [GO TO QA10]
- 2 [IF (QS8=2) OR (GUESSGENDER1>1) FOR SELECTED RESPONDENT:] FOR MATERNITY-RELATED DISABILITY, OR OTHER PREGNANCY-RELATED AILMENT PRIOR TO DELIVERY [GO TO QA10]
- 3 [IF (QS8=2) OR (GUESSGENDER1>1) FOR SELECTED RESPONDENT:] FOR MATERNITY-RELATED DISABILITY **AND** TO CARE FOR A NEWBORN [GO TO QA11]
- 4 [IF (QS8=2) OR (GUESSGENDER1>1) FOR SELECTED RESPONDENT:] MISCARRIAGE [GO TO QA11]
- 5 TO CARE FOR NEWBORN [GO TO QA11]
- 6 TO CARE FOR NEWLY ADOPTED CHILD [GO TO QA11]
- 7 TO CARE FOR NEWLY PLACED FOSTER CHILD [GO TO QA11]
- 8 TO BOND WITH NEWBORN [GO TO QA13]
- 9 TO BOND WITH NEWLY ADOPTED CHILD [GO TO QA13]
- 10 TO BOND WITH NEWLY PLACED FOSTER CHILD [GO TO QA13]
- 11 CHILD'S HEALTH CONDITION [GO TO QA8]
- 12 SPOUSE'S HEALTH CONDITION [GO TO QA8]
- 13 PARENT'S HEALTH CONDITION [GO TO QA8]
- 14 OTHER RELATIVE'S HEALTH CONDITION [GO TO QA6]
- 15 OTHER NON-RELATIVE'S HEALTH CONDITION [GO TO QA7]
- 16 DOMESTIC PARTNER'S HEALTH CONDITION [GO TO QA8]
- 17 TO ADDRESS ISSUES ARISING FROM THE DEPLOYMENT OF A MILITARY MEMBER [GO TO QA5A]
- 98 DK (VOL) [GO TO QA10]
- 99 REF (VOL) [GO TO QA10]

A5a. What type of deployment-related issue did you need to address for this leave? [READ IF NECESSARY: PLEASE SELECT ALL THAT APPLY]

- 1 Events or activities sponsored by the military before deployment
- 2 Childcare or school activities
- 3 Financial or legal arrangements
- 4 Non-medical counseling
- 5 Short-notice deployment
- 6 Events or activities sponsored by the military after the military member returned
- 7 Issues arising from the death of the military member
- 8 OTHER (SPECIFY) _____
- 98 DK (VOL)
- 99 REF (VOL)

[GO TO A9a]

A6. What is that person's relationship to you?

- 1 GRANDCHILD
- 2 GRANDPARENT
- 3 SIBLING
- 4 AUNT/UNCLE
- 5 OTHER (SPECIFY) _____
- 8 DK (VOL)
- 9 REF (VOL)

[GO TO QA8]

A7. What is that person's relationship to you?

- 1 PARENT-IN-LAW
- 2 CHILD THAT IS NOT YOUR BIOLOGICAL CHILD
- 3 OTHER (SPECIFY) _____
- 8 DK (VOL)
- 9 REF (VOL)

[IF QA5 = 11-16, READ:]

You said that you've taken leave to care for your [FILL PERSON FROM QA5/QA6/QA7, AS APPROPRIATE]. Throughout the rest of the survey, we will refer to this person as your "care recipient."

A8. What was the age of your care recipient? [DO NOT READ LIST]

- 1 0-1 YEARS
- 2 2-17 YEARS
- 3 18-40 YEARS
- 4 41-59 YEARS
- 5 60-69 YEARS
- 6 70-79 YEARS
- 7 80-89 YEARS
- 8 90 OR OLDER
- 98 DK (VOL)
- 99 REF (VOL)

[IF QA8>2 → ASK QA9, ELSE SKIP TO PROGRAMMING NOTE BEFORE QA10]

A9. Was this leave taken in order to care for a military service member for a service-related health condition or injury? [IF NECESSARY: This includes both current active duty members as well as reserve members.]

- 1 YES
- 2 NO [SKIP TO PROGRAMMING NOTE BEFORE QA10]
- 8 DK (VOL) [SKIP TO PROGRAMMING NOTE BEFORE QA10]
- 9 REF (VOL) [SKIP TO PROGRAMMING NOTE BEFORE QA10]

[IF A5=17]:

A9a. What is that person's relationship to you?

- 1 SPOUSE
- 2 PARENT
- 3 SON OR DAUGHTER
- 4 NEXT OF KIN
- 5 OTHER (SPECIFY) _____
- 8 DK (VOL)
- 9 REF (VOL)

[ASK QA10 IF QA5 = 1-2, 11-16, 98, 99]

A10. What was the nature of the health condition for which you took this leave? Was it:
[READ LIST]

- 1 A one-time health matter, such as appendicitis or injury;
- 2 The **treatment** of an injury or illness that now requires routine scheduled care, such as chemotherapy or physical therapy; or
- 3 An ongoing health condition that affects one's ability to work from time to time, such as diabetes, migraines, depression, or Multiple Sclerosis?
- 4 OTHER (SPECIFY): _____
- 8 DK (VOL)
- 9 REF (VOL)

[IF QA5 = 3, 5-7, READ:]

You said that you've taken leave to care for your [FILL PERSON FROM QA5]. Throughout the rest of the survey, we will refer to this person as your "care recipient."

[IF QA5=1, 2, 4, 98, 99: READ "you"
IF A5=3, 5: READ "you OR your care recipient"
ELSE, READ "your care recipient"]

A11. Did [you/your care recipient] require a doctor's care at any time during this leave?

- 1 YES [ASK QA12]
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

[IF QA11>1, SKIP TO A13]

[IF QA5=1, 2, 4, 98, 99: READ "you"
IF A5=3, 5: READ "you OR your care recipient"
ELSE, READ "your care recipient"]

A12. [Were/Was] [you/your care recipient] in the hospital overnight at any time during this leave?

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

A13. For this leave, in what month and year did you start taking time off?

ENTER MONTH [RANGE: 1-12]
98 DK (VOL)
99 REF (VOL)

ENTER YEAR [RANGE: 2009-2012]
9998 DK (VOL)
9999 REF (VOL)

A14. Did you take this time off continuously -- that is, all in a row without returning to work -- or did you take leave on separate occasions?

- 1 ONE CONTINUOUS BLOCK OF TIME
- 2 SEPARATE OCCASIONS [GO TO QA15]
- 8 DK (VOL)
- 9 REF (VOL)

[IF QA14 = 1, 8, 9 → GO TO QA17]

A15. How many separate blocks of time did you take off from work during this leave? [IF NECESSARY: Please think about special events, holidays, or seasons to help you remember.]

[RANGE: 2-100]
888 DK (VOL)
999 REF (VOL)

A16. In what month and year did the last block of time for this leave begin? [IF NECESSARY: Please think about special events, holidays, or seasons to help you remember.]

ENTER MONTH [RANGE: 1-12]
98 DK (VOL)
99 REF (VOL)

ENTER YEAR [RANGE: 2009-2012]
9998 DK (VOL)
9999 REF (VOL)

[DATE ENTERED MUST BE LATER THAN OR EQUAL TO DATE FROM QA13. IF NECESSARY, INTERVIEWER CONFIRM DATES WITH RESPONDENT]

[ASK QA17 IF QA3 > 1 OR QA4>1, ELSE SKIP TO QA18]

A17. And in what month and year did this leave end? [IF NECESSARY: Please think about special events, holidays, or seasons to help you remember.] [IF NECESSARY, INTERVIEWER CONFIRM DATES WITH RESPONDENT – END DATE CANNOT BE EARLIER THAN [INSERT 18 MONTH PERIOD]]

ENTER MONTH [RANGE: 1-12]
97 CURRENTLY ON LEAVE
98 DK (VOL)
99 REF (VOL)

ENTER YEAR [RANGE: 2009-2012]
9997 CURRENTLY ON LEAVE
9998 DK (VOL)
9999 REF (VOL)

[LOOP 1: DATE ENTERED MUST BE LATER THAN OR EQUAL TO DATES FROM QA13 AND QA16

LOOP 2: DATE ENTERED MUST BE LATER THAN OR EQUAL TO QA17'S DATE FROM LOOP 1]

[IF QA17=9997, DISPLAY “and you are currently on this leave”

IF QA17<9997, DISPLAY “and it ended [FILL QA17]”

IF QA17>9997, DISPLAY “and you are not able to tell us when it ended”

IF QA5=1, FILL “your own serious health condition”]

A18. To review: You've taken leave for [[FILL QA5]; IF QA5=DK/REF DISPLAY "and you are not able to tell us the reason"], [and you began taking leave in QA13 MONTH QA13 YEAR - IF MONTH OR YEAR IS DK/REF LEAVE OUT, IF BOTH ARE MISSING DISPLAY "and you are not able to tell us when it began"], [and you are currently on this leave/and it ended in QA17 MONTH QA17 YEAR - IF MONTH OR YEAR IS DK/REF LEAVE OUT, IF BOTH ARE MISSING DISPLAY "and you are not able to tell us when it ended"]. Is that correct?

- 1 YES
- 2 NO [REVIEW AND CORRECT IF NECESSARY]
- 8 DK (VOL)
- 9 REF (VOL)

[IF QA17=9997, DISPLAY "so far"]

IF QA14=2, DISPLAY "including all blocks of time"]

A19. Great, so how much time in TOTAL did you take off from work [so far] for the reason you mentioned [including all blocks of time]?

- 1 ____ HOURS [RANGE 1-500]
- 2 ____ DAYS [RANGE 1-500]
- 3 ____ WEEKS [RANGE 1-100]
- 4 ____ MONTHS [RANGE 1-24]
- 9 DK/REF (VOL)

[IF A9=1]:

A19a. How much time was needed for the care for the military member? [IF NECESSARY: Was the time you took off of work *SUFFICIENT to care for the military member?*]

- 1 ____ HOURS [RANGE 1-500]
- 2 ____ DAYS [RANGE 1-500]
- 3 ____ WEEKS [RANGE 1-100]
- 4 ____ MONTHS [RANGE 1-24]
- 9 DK/REF (VOL)

[ONLY IF ANYONE ELSE IN HH TOOK LEAVE BASED ON S11]:

A19b. In the last 18 months, did anyone else in your household take leave for the same reason you mentioned? [INTERVIEWER ONLY IF NEEDED: the reason mentioned is [A5]]

- 1 YES
- 2 NO [SKIP TO A20]
- 8 DK (VOL) [SKIP TO A20]
- 9 REF (VOL) [SKIP TO A20]

A19c. What is this person's relationship to you? [IF NECESSARY: you said that someone else in your household took leave for the same reason you mentioned, what is THAT person's relationship to you?]

- 1 Spouse
- 2 Unmarried partner
- 3 Parent
- 4 Child
- 5 Sibling
- 6 Aunt or Uncle
- 7 Son- or Daughter-in-law
- 8 Father- or Mother-in-law
- 9 Grandchild
- 10 Grandparent
- 11 Other (specify)
- 98 DK (VOL)
- 99 REF (VOL)

A19d. How much time in total did this person take off from work for the same reason you mentioned? [INTERVIEWER ONLY IF NEEDED: the reason mentioned is [A5]]

- 1 ____ HOURS [RANGE 1-500]
- 2 ____ DAYS [RANGE 1-500]
- 3 ____ WEEKS [RANGE 1-100]
- 4 ____ MONTHS [RANGE 1-24]
- 9 DK/REF (VOL)

[ASK QA20 IF QA4 = 2-100, ELSE GO TO QA21]

[IF R HAS GONE THROUGH LOOP TWICE (QA20 = 2) → GO TO QA21]

A20. You told me that you have taken [FILL A4] leaves, and we've just talked about your LONGEST LEAVE. Was your MOST RECENT leave for that same reason?

- 1 YES
- 2 NO [GO TO NEXT PROGRAMMING NOTE]
- 8 DK (VOL)
- 9 REF (VOL)

[PROGRAMMING NOTE:

IF QA20 = 2 → LOOP BACK TO QA5 AND READ "Now let's talk about the MOST RECENT time that you took leave from work." FILL QA5 WITH "MOST RECENT". CREATE NEW VARIABLE NAMES FOR MOST RECENT LEAVE DATA; DO NOT OVERWRITE LONGEST LEAVE DATA]

MOST RECENT LEAVE – EXTENDED BATTERY

[IF QA20=2, DISPLAY: For each of the following questions, please think about your MOST RECENT leave.]

A21. How did your employer designate or categorize the leave you just told me about? That is, WHAT TYPE of leave did your employer assign to your time off? [DO NOT READ LIST]
[SELECT ALL THAT APPLY]

- 1 VACATION LEAVE
- 2 SICK LEAVE
- 3 FAMILY AND MEDICAL LEAVE
- 4 SHORT-TERM DISABILITY
- 5 LONG-TERM DISABILITY
- 6 OTHER (SPECIFY): _____
- 8 DK (VOL)
- 9 REF (VOL)

[IF QA5 = 8-10, READ:]

[QA5 – FROM 1ST ITERATION IF QA20 = 1,8,9... FROM 2ND ITERATION IF QA20= 2]

You said that you’ve taken leave to care for your [FILL PERSON FROM QA5]. Throughout the rest of the survey, we will refer to this person as your “care recipient.”

A23. I’m going to read you some possible effects from taking leave from work that you may or may not have experienced. As a result of taking leave:
[RANDOMIZE QA23a-f]

- a. Did you lose your job?
- b. Did you lose your seniority or potential for job advancement?
- c. Were you unable to afford an unpaid leave?
- d. Did you reveal personal information about yourself, your care recipient, or family relationships?
- e. Were you treated differently because of the reason you took leave?
- f. Were you able to maintain or pay for health insurance?
- g. Did anything else happen? [SPECIFY]

[RESPONSE CATEGORIES:]

- 1 YES
- 2 NO
- 3 DOES NOT APPLY (VOL)
- 8 DK (VOL)
- 9 REF (VOL)

The following questions concern your employer's conditions for taking leave.

A26. Did your employer require medical certification for this leave (IF NECESSARY: for yourself or the person you were caring for)? [IF NECESSARY: By medical certification, we mean documentation from a health care provider to substantiate the medical need for you to take time away from work for this reason or health condition.]

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

[IF QA26=2, 8, 9 → GO TO QA42]

A28. Was your medical certification accepted on the first submission for this leave?

- 1 YES [GO TO QA30]
- 2 NO [GO TO QA29]
- 8 DK (VOL)
- 9 REF (VOL)

[IF QA28 = 1, 8, 9 → GO TO QA30]

A29. Why wasn't your medical certification accepted on the first submission?
[DO NOT READ. SELECT ALL THAT APPLY]

- 1 INSUFFICIENT INFORMATION
- 2 PHYSICIAN WAS NOT ACCEPTED
- 3 CONDITION WAS NOT ACCEPTED
- 4 SUBMISSION NOT CONSIDERED TIMELY
- 5 OTHER (SPECIFY) _____
- 8 DK (VOL)
- 9 REF (VOL)

A30. Did your employer require multiple doctor visits – that is, a second or third opinion – to obtain your INITIAL medical certification?

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

A33. Did you pay out of your own pocket for your medical certification (for example, a co-pay or a portion of the cost)?

- 1 YES
- 2 NO
- 3 THERE WAS NO COST (VOL)
- 8 DK (VOL)
- 9 REF (VOL)

A35. Did your employer require medical RE-CERTIFICATION (IF NECESSARY: for yourself or the person you were caring for)? [IF NECESSARY: Medical RE-certification is documentation from a health care provider in support of continued or extended leave for the reason or health condition for which the leave was taken.]

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

[IF QA35 = 2, 8, 9 → GO TO QA41]

A39. Did you pay out of your own pocket for your medical RE-certification (for example, a co-pay or a portion of the cost)?

- 1 YES
- 2 NO
- 3 THERE WAS NO COST (VOL)
- 8 DK (VOL)
- 9 REF (VOL)

A41. How much time did you need to take off from work in order to obtain medical certification [IF QA35=1, READ: and re-certification]? This does not include the time you needed for the reason or condition itself.

- 1 _____ HOURS [RANGE: 1-100]
- 2 _____ DAYS [RANGE: 1-100]
- 3 _____ WEEKS [RANGE: 1-50]
- 4 DID NOT TAKE EXTRA TIME OFF (VOL)
- 8 DK (VOL)
- 9 REF (VOL)

[INTERVIEWER: IF MORE THAN 2 DAYS, CONFIRM THAT RESPONDENT CORRECTLY UNDERSTOOD THE QUESTION]

[IF QA14=1, 8, 9, DISPLAY “leave”

IF QA14=2, DISPLAY “most recent block of time off from work”]

A42. How long before you took your [leave/most recent block of time off from work] did you provide notice to your employer?

- 1 _____ HOURS [RANGE: 1-100]
- 2 _____ DAYS [RANGE: 1-500]
- 3 _____ WEEKS [RANGE: 1-100]
- 4 _____ MONTHS [RANGE 1-24]
- 5 DID NOT PROVIDE NOTICE BEFORE LEAVE (VOL)
- 8 DK (VOL)
- 9 REF (VOL)

WHILE YOU WERE ON LEAVE

Now I have some questions about the time you were away from work. [IF QA20=2, DISPLAY: Please continue thinking about your MOST RECENT leave.]

[ASK QA44 IF QA19 >= (30 DAYS OR 4 WEEKS OR ONE MONTH)]
[FOR QA44-A45 AND QA49-A50: IF A3=1, REPLACE "your" WITH "this"]

A44. On your leave, did you keep your health insurance, lose part or all of your health insurance, or did you not have this benefit at the time you took leave?

- 1 KEPT ALL
- 2 LOST PART
- 3 LOST ALL
- 4 DID NOT HAVE THIS BENEFIT
- 8 DK (VOL)
- 9 REF (VOL)

A45. Did you receive pay for any part of your leave?

- 1 YES [GO TO QA46]
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

[IF QA45 = 2, 8, 9 → GO TO QA52]

A46. Was some of the pay you received part of...

- a. Paid time off, or PTO, which provides a "pool" of hours that an employee can draw from to take time off from work. It can include vacation, sick time, and such.
- b. [SKIP IF QA46a= 1] Your sick days or sick leave?
- c. [SKIP IF QA46a= 1] Your vacation days or vacation leave?
- d. Personal leave?

- e. [ASK IF QS8=2 OR GUESSGENDER1=2 FOR SELECTED RESPONDENT:] Maternity leave?
- f. [ASK IF QS8=1 OR GUESSGENDER1=1 FOR SELECTED RESPONDENT:] Paternity leave?

[RESPONSE CATEGORIES:]

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

[IF ANY ITEM IN QA46=1 → GO TO QA47, ELSE GO TO QA48]

A47. Was receiving some of the pay as part of [FILL ITEMS FROM QA46 THAT EQUAL 1] your choice, did your employer require it, or both?

[DISPLAY ITEMS FROM QA46 THAT EQUAL 1:]

- a. Paid time off, or PTO
- b. Your sick days or sick leave
- c. Your vacation days or vacation leave
- d. Personal leave
- e. Maternity leave
- f. Paternity leave

[RESPONSE CATEGORIES:]

- 1 EMPLOYEE'S CHOICE
- 2 REQUIRED BY EMPLOYER
- 3 BOTH
- 8 DK (VOL)
- 9 REF (VOL)

A48. Was some of the pay you received part of... [READ STEM BEFORE EACH ITEM A-D]

- a. Temporary disability insurance?
- b. State-paid family leave?
- c. State-paid disability leave?
- d. Some other benefit I haven't already mentioned? (SPECIFY) _____

[RESPONSE CATEGORIES:]

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

A49. When you received pay during your leave, was it the same amount as your regular pay or only part of your pay?

- 1 SAME AMOUNT AS REGULAR PAY
- 2 PART OF PAY [GO TO QA50]
- 8 DK (VOL)
- 9 REF (VOL)

[IF QA49 = 1, 8, 9 → GO TO QA52]

A50. Over the entire time you were on leave, about how much of your *regular* pay did you receive in total? Would you say... [READ LIST]

- 1 One quarter or less,
- 2 More than one-quarter but less than half,
- 3 About half,
- 4 More than half but less than three-quarters, or
- 5 Three quarters or more?
- 8 DK (VOL)
- 9 REF (VOL)

A52. Now I'm going to ask you some questions about how your work was covered while you were away on leave. [IF NECESSARY: By cover your work, we mean what your employer did while you were away on leave to make sure that the work you usually did was completed.] Did your employer... [RANDOMIZE ITEMS a-d]

- a. Cover your work by assigning it to other employees?
- b. Hire a permanent employee to cover your work?
- c. Hire a temporary employee to cover your work?
- d. Let your work go undone until you returned?
- e. Cover your work in some other way? (SPECIFY): _____

[RESPONSE CATEGORIES:]

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

[IF QA49=1, SKIP TO PROGRAMMING NOTE AFTER A58]

A53. In order to cover lost wages or salary during your leave, did you...

- a. Use savings that you had earmarked for this situation?
- b. Use savings earmarked for something else?
- c. Borrow money?
- d. Go on public assistance?
- e. Limit spending?
- f. Put off paying your bills?
- g. Cut your leave time short?
- h. Do anything else? (SPECIFY)_____

[RESPONSE CATEGORIES:]

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

A54. How easy or difficult was it for you to make ends meet during your leave? Would you say...

- 1 Very easy,
- 2 Somewhat easy,
- 3 Neither easy nor difficult,
- 4 Somewhat difficult, or
- 5 Very difficult?
- 8 DK (VOL)
- 9 REF (VOL)

PROGRAMMING NOTE:

IF QA45 OR QA49 = 2, 8, 9, ASK QA55.

IF QA45 = 2, 8, 9, DISPLAY "some."

IF QA49=2, 8, 9, DISPLAY "additional."

IF QA45 = 1 AND QA49 = 1, SKIP TO PROGRAMMING NOTE AFTER Q58.

A55. If you had received [some/additional] pay, would you have taken leave for a longer period of time?

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

PROGRAMMING NOTE: IF QA17 = 9997 FOR MOST RECENT LEAVE,
GO TO QB1.
OTHERWISE CONTINUE

WHEN LEAVE WAS OVER

[IF QA20=2, DISPLAY: “most recent”]

The next few questions are about returning to work after your [most recent] leave.

A59. After your leave ended, did you go back to work: for the same employer, for a new employer, or did you not return to work at all?

- | | | |
|---|------------------------|--------------|
| 1 | SAME EMPLOYER | [GO TO QA60] |
| 2 | NEW EMPLOYER | [GO TO QA61] |
| 3 | DID NOT RETURN TO WORK | [GO TO QA61] |
| 8 | DK (VOL) | [GO TO QB1] |
| 9 | REF (VOL) | [GO TO QB1] |

[IF QA5=5-16 → GO TO QA62]

A60. Did your employer require you to obtain fitness for duty certification before you returned to work?

- | | |
|---|-----------|
| 1 | YES |
| 2 | NO |
| 8 | DK (VOL) |
| 9 | REF (VOL) |

[GO TO QA62]

A61. Why didn't you return to work [IF QA59=2, ADD: “at the same employer”]?
[MULTIPLE RECORD]

- | | |
|----|--|
| 1 | OBTAINED OTHER INCOME SOURCE (SELF-EMPLOYED) |
| 2 | HEALTH CONDITION CONTINUED (ILLNESS CONTINUES) |
| 3 | LAID OFF/FIRED/REPLACED |
| 4 | DID NOT WANT TO RETURN TO WORK |
| 5 | COULD NOT FIND CHILDCARE |
| 6 | COULD NOT FIND ELDERCARE |
| 7 | FOUND BETTER JOB |
| 8 | DID NOT PASS FITNESS FOR DUTY CERTIFICATION |
| 9 | CHANGE IN SCHEDULE OR JOB RESPONSIBILITIES |
| 10 | OTHER (SPECIFY): _____ |
| 98 | DK (VOL) |
| 99 | REF (VOL) |

[IF QA59 = 3, GO TO QB1]

A62. I'm going to read some reasons that people give for returning to work after taking leave. Did you return to work because... [RANDOMIZE] [INTERVIEWER: CODE "NOT APPLICABLE" AS NO (2)]

- a. You could not afford financially to take more time off?
- b. You wanted to get back to work?
- c. You used up all the leave time you were allowed?
- d. You felt pressured by your boss or co-workers to return?
- e. You had too much work to do to stay away longer?
- f. [IF QA5 = 3, 5-16] Someone else took over your care-giving responsibilities?
- g. You no longer needed to be on leave?
- h. [IF QA5 = 1-4] Your doctor told you that you were ready to return to work?
- i. [IF QA5 = 3, 5-16] Your care recipient's doctor told you that it was safe for you to return to work?
- j. You did not want to lose your seniority or potential for job advancement?

[RESPONSE CATEGORIES:]

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

PROGRAMMING NOTE: IF QA59 = 1, CONTINUE. OTHERWISE, GO TO SECTION B.

A63. After your leave, did you return to a position that was the same, similar, better, or worse than the one you had before your leave?

- 1 SAME POSITION [GO TO QB1]
- 2 SIMILAR POSITION
- 3 BETTER POSITION
- 4 WORSE POSITION
- 8 DK (VOL) [GO TO QB1]
- 9 REF (VOL) [GO TO QB1]

A64. Did you choose to take a different position or did your employer ask you to take or assign you to a different position?

- 1 CHOSE DIFFERENT POSITION
- 2 EMPLOYER ASKED
- 3 ASSIGNED TO DIFFERENT POSITION
- 8 DK (VOL)
- 9 REF (VOL)

[IF FMLAFLG=2 AND FMLAFLG_DUAL=0 FOR SELECTED RESPONDENT, BEGIN AT SECTION B]

SECTION B – LEAVE NEEDERS

[IF RESPONDENT IS LEAVE NEEDER ONLY (FMLAFLG=2) → GO TO PROGRAMMING NOTE BEFORE HANDOFF2]

[IF RESPONDENT IS LEAVE TAKER OR DUAL TAKER/NEEDER (FMLAFLG=1 OR FMLAFLG_DUAL=1) → GO TO B1:]

B1. We've just talked about the leave[s] taken in the last 18 months. Now I'd like to ask you if, IN THE LAST 18 MONTHS, was there a time when you NEEDED to take leave from work but DID NOT, for ANY of the following reasons:

- to care for a newborn, newly adopted or new foster child; (IF NECESSARY: This includes both maternity AND paternity leave)
- for your own serious health condition or to care for someone else's serious health condition;
- for pregnancy-related reasons (IF NECESSARY: [IF QS8 >1 FOR SELECTED RESPONDENT: your own or] a family member's); or
- to care for a military service member, or for reasons related to the deployment of a military service member?

[IF NECESSARY: A serious health condition, for purposes of this survey, means a condition that lasted more than 3 days and required treatment by a health care provider, a condition that required an overnight hospital stay, or a long-lasting condition for which one must see a health care provider at least twice a year for treatment. It may also include a condition that makes one permanently unable to work or perform other daily functions, or that requires treatments to keep from becoming incapacitated.]

[IF NECESSARY: Have you needed but not taken leave from work for one or more of these reasons?]

- | | | |
|---|-----------|-------------|
| 1 | YES | [GO TO QB3] |
| 2 | NO | |
| 8 | DK (VOL) | |
| 9 | REF (VOL) | |

[IF B1 = 2, 8, 9 → GO TO QE1]

[IF RESPONDENT IS LEAVE NEEDER ONLY (FMLAFLG=2) AND ALREADY ON THE PHONE → GO TO INTRO4]

[IF SELECTED RESPONDENT IS NOT PERSON ON THE PHONE:]

HANDOFF2. [FILL QS6 AX] has been selected as the respondent for this survey. May I please speak to [FILL QS6 AX] for the rest of the interview?

- 1 YES/PHONE HANDED OFF [GO TO INTRO4]
- 2 NOT AVAILABLE (CALLBACK – SAME NUMBER) [SCHEDULE CALLBACK]
- 3 ALTERNATE NUMBER PROVIDED (CALLBACK – NEW NUMBER)
[UPDATE NUMBER, GO TO UP4]
- 9 DK/REF (VOL) [GO TO THANK02]

[CATI: Ask UP2 if HANDOFF2 = 3]

UP4. Is that a landline or cell phone?

- 1 Landline [CATI: Flag CELL = 0]
- 2 Cell Phone [CATI: Flag CELL = 1]

INTRO4. [IF NEW RESPONDENT:] Hello, my name is [INTERVIEWER] and I'm calling on behalf of the U.S. Department of Labor. We are conducting a national study to find out about people's use of, and attitudes about, family and medical leave policies in the workplace. Study results will be used to assess the impact of family and medical leave policies on employees.

[IF INCENT=1, DISPLAY:]

If you qualify and then complete the survey, we will pay you \$10 as a token of our appreciation.

[ALL RESPONDENTS:] Your participation is voluntary and all information you provide will be kept private to the greatest extent possible under the law. We have many procedures in place to reduce the small potential risk of loss of privacy. If we should come to any question you don't understand or don't want to answer, I'll try to clarify or we can move on to the next question. The survey should take about 15 to 25 minutes to complete, depending on your answers.

B2. [IF LEAVE NEEDER ONLY:] I want to confirm with you that in the last 18 months, that is, since [INSERT 18 MONTH PERIOD]:

You NEEDED to take leave from work but DID NOT, for ANY of the following reasons:

- to care for a newborn, newly adopted or new foster child; (IF NECESSARY: This includes both maternity AND paternity leave)
- for your own serious health condition or to care for someone else's serious health condition;
- for pregnancy-related reasons (IF NECESSARY: [IF QS8 >1 FOR SELECTED RESPONDENT: your own or] a family member's); or
- to care for a military service member, or for reasons related to the deployment of a military service member?

[IF YES AND IF NEW RESPONDENT: A serious health condition, for purposes of this survey, means a condition that lasted more than 3 days and required treatment by a health care provider, a condition that required an overnight hospital stay, or a long-lasting condition for which one must see a health care provider at least twice a year for treatment. It may also include a condition that makes one permanently unable to work or perform other daily functions, or that requires treatments to keep from becoming incapacitated.]

Is that correct? [Have you needed but not taken leave from work for one or more of these reasons?]

- 1 YES [ASK QB3]
- 2 NO [GO TO QS5]
- 8 DK (VOL) [GO TO QS5]
- 9 REF (VOL) [GO TO QS5]

[IF QB2>1, RE-SCREEN TO CONFIRM LEAVE STATUS. IF THE SAME R COMES BACK TO QB2 AND ANSWERS (2, 8, 9) A SECOND TIME, GO TO SECTION C]

B3. Was there an event like this IN THE LAST YEAR [12 MONTHS, INSERT DATE]?

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

B4. How many different times did you need leave but not take it, since [INSERT 18 MONTH PERIOD]?

- [RANGE: 1-100]
- DK (VOL) 888
- REF (VOL) 999

[IF B4=2-100 DISPLAY: INTERVIEWER: BEFORE PROCEEDING, RECORD REASONS AND DATES FOR EACH LEAVE IN EVENT HISTORY CALENDAR]

[IF QB3 = 2, 8, 9 → SKIP TO Logic before B5a

IF QB3 = 1 AND QB4 = 1 → SKIP TO QB6]

B5. How many different times did you need leave but not take it, IN THE LAST YEAR [12 MONTHS, INSERT DATE]?

[RANGE: 1-100]

DK (VOL) 888

REF (VOL) 999

[NUMBER ENTERED MUST BE LESS THAN OR EQUAL TO QB4. IF NECESSARY, INTERVIEWER CONFIRM WITH RESPONDENT]

[IF B4>1]:

B5a. Were all of the times you needed leave but did not take it since [INSERT 18 MONTH PERIOD] for the SAME reason or condition, or were they for DIFFERENT reasons or conditions?

- 1 SAME
- 2 DIFFERENT
- 8 DK (VOL)
- 9 REF (VOL)

[IF B5a=2,8,9]:

B5b. For how many TOTAL reasons or conditions did you need leave from work, but not take it, since [INSERT 18 MONTH PERIOD]?

[RANGE: 1-100]

DK (VOL) 888

REF (VOL) 999

[IF QS8=9 FOR RESPONDENT WHO IS LEAVE-NEEDER ONLY:]

- GUESSGENDER2.
- 1 MALE
 - 2 FEMALE
 - 9 DK

[IF B4=1 OR QB5a = 1, DISPLAY "reason"

IF QB5b = 2-100, 888, 999 DISPLAY "reasons" AND "most recent" FOR THE FIRST LOOP

IF ON SECOND OR THIRD LOOP, BASED ON B5b, DISPLAY

"second reason"/"reason" FOR SECOND LOOP AND "third reason"/"reason" FOR THIRD LOOP.]

B6. Thinking of the [second/third] reason[s] you needed leave since [INSERT 18 MONTH PERIOD], what was the [most recent] reason for which you needed to take leave from work? [SINGLE MENTION]

- 1 OWN ILLNESS, DISABILITY OR OTHER SERIOUS HEALTH CONDITION, EXCEPT MATERNITY-RELATED ILLNESS [GO TO QB11]
- 2 [IF (QS8=2) OR (ANY GUESSGENDER1-2>1) FOR SELECTED RESPONDENT:] FOR MATERNITY-RELATED

	DISABILITY, OR OTHER PREGNANCY-RELATED AILMENT PRIOR TO DELIVERY	[GO TO QB11]
3	[IF (QS8=2) OR (ANY GUESSGENDER1-2>1) FOR SELECTED RESPONDENT:] FOR MATERNITY-RELATED DISABILITY AND TO CARE FOR A NEWBORN	[GO TO QB12]
4	[IF (QS8=2) OR (ANY GUESSGENDER1-2>1) FOR SELECTED RESPONDENT:] MISCARRIAGE	[GO TO QB12]
5	TO CARE FOR NEWBORN	[GO TO QB12]
6	TO CARE FOR NEWLY ADOPTED CHILD	[GO TO QB12]
7	TO CARE FOR NEWLY PLACED FOSTER CHILD	[GO TO QB12]
8	TO BOND WITH NEWBORN	[GO TO QB14]
9	TO BOND WITH NEWLY ADOPTED CHILD	[GO TO QB14]
10	TO BOND WITH NEWLY PLACED FOSTER CHILD	[GO TO QB14]
11	CHILD'S HEALTH CONDITION	[GO TO QB9]
12	SPOUSE'S HEALTH CONDITION	[GO TO QB9]
13	PARENT'S HEALTH CONDITION	[GO TO QB9]
14	OTHER RELATIVE'S HEALTH CONDITION	[GO TO QB7]
15	OTHER NON-RELATIVE'S HEALTH CONDITION	[GO TO QB8]
16	DOMESTIC PARTNER'S HEALTH CONDITION	[GO TO QB9]
17	TO ADDRESS ISSUES ARISING FROM THE DEPLOYMENT OF A MILITARY MEMBER	[GO TO QB6A]
98	DK (VOL)	[GO TO QB11]
99	REF (VOL)	[GO TO QB11]

B6a. What type of deployment-related issue did you need to address for this leave? [READ IF NECESSARY: PLEASE SELECT ALL THAT APPLY]

- 1 Events or activities sponsored by the military BEFORE deployment
- 2 Childcare or school activities
- 3 Financial or legal arrangements
- 4 Non-medical counseling
- 5 Short-notice deployment
- 6 Events or activities sponsored by the military AFTER the military member returned
- 7 Issues arising from the death of the military member
- 8 OTHER (SPECIFY) _____
- 98 DK (VOL)
- 99 REF (VOL)

[GO TO B10a]

B7. What is that person's relationship to you?

- 1 GRANDCHILD
- 2 GRANDPARENT
- 3 SIBLING
- 4 AUNT/UNCLE
- 5 OTHER (SPECIFY) _____
- 8 DK (VOL)
- 9 REF (VOL)

[GO TO QB9]

B8. What is that person's relationship to you?

- 1 PARENT-IN-LAW
- 2 CHILD THAT IS NOT YOUR BIOLOGICAL CHILD
- 3 OTHER (SPECIFY) _____
- 8 DK (VOL)
- 9 REF (VOL)

[IF QB6 = 11-16, READ:]

You said that you've needed to take leave to care for your [FILL PERSON FROM QB6/QB7/QB8, AS APPROPRIATE]. Throughout the rest of the survey, we will refer to this person as your "care recipient."

B9. What was the age of your care recipient? [DO NOT READ LIST]

- 1 0-1 YEARS
- 2 2-17 YEARS
- 3 18-40 YEARS
- 4 41-59 YEARS
- 5 60-69 YEARS
- 6 70-79 YEARS
- 7 80-89 YEARS
- 8 90 OR OLDER
- 98 DK (VOL)
- 99 REF (VOL)

[IF QB9>2 → ASK QB10, ELSE SKIP TO PROGRAMMING NOTE BEFORE QB11]

B10. Was this leave needed in order to care for a military service member for a service-related health condition or injury? [IF NECESSARY: This includes both current active duty members as well as reserve members.]

- 1 YES
- 2 NO [SKIP TO PROGRAMMING NOTE BEFORE QB11]
- 8 DK (VOL) [SKIP TO PROGRAMMING NOTE BEFORE QB11]
- 9 REF (VOL) [SKIP TO PROGRAMMING NOTE BEFORE QB11]

[IF B6=17]:

B10a. What is that person's relationship to you?

- 1 SPOUSE
- 2 PARENT
- 3 SON OR DAUGHTER
- 4 NEXT OF KIN
- 5 OTHER (SPECIFY) _____
- 8 DK (VOL)
- 9 REF (VOL)

[IF B10=1]:

B10b. How much time was needed to care for the military member?

- 1 ____ HOURS [RANGE 1-500]
- 2 ____ DAYS [RANGE 1-500]
- 3 ____ WEEKS [RANGE 1-100]
- 4 ____ MONTHS [RANGE 1-24]
- 9 DK/REF (VOL)

[ASK QB11 IF QB6 = 1-2, 11-16, 98, 99]

B11. What was the nature of the health condition for which you needed to take this leave? Was it: [READ LIST]

- 1 A one-time health matter, such as appendicitis or injury;
- 2 The **treatment** of an injury or illness that now requires routine scheduled care, such as chemotherapy or physical therapy; or
- 3 An ongoing health condition that affects one's ability to work from time to time, such as diabetes, migraines, depression, or Multiple Sclerosis?
- 4 OTHER (SPECIFY): _____
- 8 DK (VOL)
- 9 REF (VOL)

[IF QB6 = 3, 5-7, READ:]

You said that you've needed to take leave to care for your [FILL PERSON FROM QB6]. Throughout the rest of the survey, we will refer to this person as your "care recipient."

[IF QB6=1, 2, 4, 98, 99: READ "your"

IF QB6=3, 5, 8: READ "your OR your care recipient's"

ELSE, READ "your care recipient's"]

B12. Did [your/your care recipient's] condition for which you needed to take leave require a doctor's care?

- 1 YES [ASK QB13]
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

[IF QB12>1, SKIP TO B14]

[IF QB6=1, 2, 4, 98, 99: READ "you"

IF QB6=3, 5, 8: READ "you OR your care recipient"

ELSE, READ "your care recipient"]

B13. [Were/Was] [you/your care recipient] in the hospital overnight at any time during the time that you needed this leave?

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

[IF B4=1, SKIP TO B15]

B14. How many different times, since [INSERT 18 MONTH PERIOD], did you need leave for the REASON OR CONDITION you mentioned? [DISPLAY REASON FROM QB6]

- [RANGE: 1-100]
- DK (VOL) 888
- REF (VOL) 999

B14a. And how many different times did you need leave for this reason or condition, IN THE LAST YEAR [12 MONTHS, INSERT DATE]?

- [RANGE: 1-100]
- DK (VOL) 888
- REF (VOL) 999

[IF B5b=2-100, CREATE SECOND LOOP TO B6-B14a.

THEN IF B5b=3-100, CREATE THIRD LOOP TO B6-B14a. I.E., COLLECT DATA FOR REMAINING LEAVE-NEEDING REASON(S), MAXIMUM 2 ADDITIONAL LOOPS (3 REASONS TOTAL).

IF ANSWERED FOR MULTIPLE LOOPS, COMBINED B14 TOTALS SHOULD BE LESS THAN OR EQUAL TO QB4]

[IF QB6 (LOOP 1) = 8-10, READ:]

You said that you've needed to take leave to care for your [FILL PERSON FROM QB6]. Throughout the rest of the survey, we will refer to this person as your "care recipient."

B15. What was the reason or reasons you didn't take the MOST RECENT leave you needed?

(INTERVIEWER: DO NOT READ LIST, CODE RESPONSES FROM THE FOLLOWING LIST, CHECK ALL THAT APPLY, PROBE WITH "ANYTHING ELSE?" UNTIL THE RESPONDENT IS DONE ANSWERING)

[CATI: ALLOW MULTI-PUNCH ANSWER]

1. You thought you might LOSE your JOB?
2. You thought you would LOSE your SENIORITY or potential for job ADVANCEMENT?
3. You were INELIGIBLE?
4. Your employer DENIED your request?
5. You COULDN'T AFFORD to take an unpaid leave?
6. You wanted to SAVE YOUR LEAVE TIME?
7. Your WORK IS TOO IMPORTANT?
8. You were WORRIED ABOUT REVEALING PERSONAL INFORMATION about yourself, your care recipient, or family relationships?
9. You thought you would be TREATED DIFFERENTLY because of the reason you needed to take leave?
10. You thought that the person you wanted to take leave to care for was NOT CONSIDERED A COVERED FAMILY MEMBER?
11. You thought that the HEALTH CONDITION DID NOT QUALIFY?
12. Your employer's process for taking leave was TOO COMPLICATED?
13. You were UNABLE TO MEET your employer's NOTICE REQUIREMENT for taking leave?
14. You were UNAWARE of the availability of leave?
15. Some other reason? (SPECIFY) _____

[PROGRAMMING NOTE:

IF QB15 = 3 AND NOT 4, ASK QB16-QB17 THEN SKIP TO QB20

IF QB15 = 4 AND NOT 3, SKIP QB16-QB17 AND ASK QB19

IF QB15 = 3 AND QB15 = 4, SKIP QB16-QB17 AND ASK QB19

OTHERWISE, SKIP TO QB20]

B16. Were you ineligible because you only worked part-time?

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

B17. Were you ineligible because you hadn't worked long enough for your employer?

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

B19. Were you denied leave...

[RANDOMIZE ITEMS a-g]

- a. Because your employer does not offer family or medical leave?
- b. Because you hadn't worked for your employer long enough to be eligible for family or medical leave?
- c. Because you had worked too few hours in the previous year?
- d. Because you used up all the leave time you were allowed?
- e. Because you did not submit notification that was sufficient for your employer's requirements?
- f. Because the medical certification you submitted was deemed insufficient?
- g. [IF QB6 (LOOP 1) = 3, 5-16]: Because the person you wanted to care for was not eligible for care under the FMLA?
- h. For any other reasons? (SPECIFY)_____

[RESPONSE CATEGORIES:]

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

[IF QB6 (LOOP 1) = 1, 2, 4, 98, 99: READ "your"
ELSE, READ "your care recipient's care-giving"]

B20. Since you did not take leave from work for this reason or condition, what did you do in order to meet [your / your care recipient's care-giving] needs? [READ LIST]

[PROGRAMMING NOTES:

- READ QB20a IF QB6 (LOOP 1) = 1-4, 11-16
- READ QB20b IF QB6 (LOOP 1) = 1-4, 11-16
- READ QB20c IF QB6 (LOOP 1) = 5-16
- READ QB20d IF QB6 (LOOP 1) = 5-16

READ QB20e IF QB6 (LOOP 1) = 3, 5-11
READ QB20f IF QB9 (LOOP 1) = 5-8
READ QB20g FOR ALL RESPONDENTS]

- a. Did [you/your care recipient] forego (IF NECESSARY: do without) medical treatment?
- b. Did [you/your care recipient] delay medical treatment?
- c. Did someone else in your family take leave?
- d. Did someone else take over your care-giving duties?
- e. Did you pay someone to provide childcare?
- f. Did you pay someone to provide elder care?
- g. Did you do something else I haven't already mentioned? (SPECIFY): _____

[RESPONSE CATEGORIES:]

- | | |
|---|-----------|
| 1 | YES |
| 2 | NO |
| 8 | DK (VOL) |
| 9 | REF (VOL) |

[ALL RESPONDENTS SKIP TO QE1]

[IF FMLAFLG=3 FOR SELECTED RESPONDENT AND SUBSAMPLED, BEGIN AT SECTION C]

SECTION C – EMPLOYED ONLY

**IF (R=SCREENER R) AND INTERVIEW IS TAKING PLACE ON SAME DAY AS SCREENING, START AT INTRO5.
IF (R ≠SCREENER R), START AT HANDOFF3.**

[IF SELECTED RESPONDENT IS NOT PERSON ON THE PHONE:]

HANDOFF3. [FILL QS6 AX] has been selected as the respondent for this survey. May I please speak to [FILL QS6 AX] for the rest of the interview?

- 1 YES/PHONE HANDED OFF [GO TO QC1]
- 2 NOT AVAILABLE (CALLBACK – SAME NUMBER) [SCHEDULE CALLBACK]
- 3 ALTERNATE NUMBER PROVIDED (CALLBACK – NEW NUMBER) [UPDATE NUMBER, GO TO UP5]
- 9 DK/REF (VOL) [GO TO THANK02]

[CATI: Ask UP1 if HANDOFF3 = 3]

UP5. Is that a landline or cell phone?

- 1 Landline [CATI: Flag CELL = 0]
- 2 Cell Phone [CATI: Flag CELL = 1]

[IF NEW RESPONDENT:]

INTRO5. [IF NEW RESPONDENT:] Hello, my name is [INTERVIEWER] and I'm calling on behalf of the U.S. Department of Labor. We are conducting a national study to find out about people's use of, and attitudes about, family and medical leave policies in the workplace. Study results will be used to assess the impact of family and medical leave policies on employees.

[IF INCENT=1, DISPLAY:]

If you qualify and then complete the survey, we will pay you \$10 as a token of our appreciation.

[ALL RESPONDENTS:] Your participation is voluntary and all information you provide will be kept private to the greatest extent possible under the law. We have many procedures in place to reduce the small potential risk of loss of privacy. If we should come to any question you don't understand or don't want to answer, I'll try to clarify or we can move on to the next question. The survey should take about 15 to 25 minutes to complete, depending on your answers.

C1. I want to confirm with you that in the last 18 months, that is, since [INSERT 18 MONTH PERIOD], you have NOT taken or needed to take leave from work, for ANY of the following reasons:

- to care for a newborn, newly adopted or new foster child; (IF NECESSARY: This includes both maternity AND paternity leave)
- for your own serious health condition or to care for someone else's serious health condition;
- for pregnancy-related reasons (IF NECESSARY: [IF QS8 >1 FOR SELECTED RESPONDENT: your own or] a family member's); or
- to care for a military service member, or for reasons related to the deployment of a military service member?

[IF YES AND IF NEW RESPONDENT; ELSE IF NECESSARY:] A serious health condition, for purposes of this survey, means a condition that lasted more than 3 days and required treatment by a health care provider, a condition that required an overnight hospital stay, or a long-lasting condition for which one must see a health care provider at least twice a year for treatment. It may also include a condition that makes one permanently unable to work or perform other daily functions, or that requires treatments to keep from becoming incapacitated.

Is this correct? [You have not needed or taken leave from work for any of these reasons?]

- | | | |
|---|-----------|-------------|
| 1 | YES | [GO TO QE1] |
| 2 | NO | [GO TO QS5] |
| 8 | DK (VOL) | [GO TO QS5] |
| 9 | REF (VOL) | [GO TO QS5] |

[IF QC1>1, RE-SCREEN TO CONFIRM LEAVE STATUS. IF THE SAME R COMES BACK TO QC1 AND ANSWERS (2, 8, 9) A SECOND TIME, CODE AS SOFT REFUSAL]

[IF QS8=9 FOR SELECTED RESPONDENT:]

GUESSGENDER3. 1 MALE
 2 FEMALE
 9 DK

SECTION E – EMPLOYMENT (ALL RESPONDENTS)

E1. Are you currently employed?

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

E2. Have you ever heard of the federal Family and Medical Leave Act?

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

[IF QE2 > 1 AND QE1 = 1, GO TO QE5
IF QE2 > 1 AND QE1 > 1, GO TO QD1]

E3. How have you learned about the federal Family and Medical Leave Act?
[SELECT ALL THAT APPLY; DO NOT READ LIST, BUT PROBE IF NECESSARY]

- 1 MEDIA (TV, NEWSPAPERS, INTERNET, ETC.)
- 2 CO-WORKERS
- 3 EMPLOYER OR HUMAN RESOURCE OFFICE GAVE OUT INFORMATION
- 4 POSTERS [IF NOT SELECTED AND QE1=1, GO TO QE4]
- 5 FAMILY MEMBER
- 6 FRIEND OR NEIGHBOR
- 7 UNION GAVE OUT INFORMATION
- 8 OTHER (SPECIFY) _____
- 98 DK (VOL)
- 99 REF (VOL)

[IF QE1 = 2, 8, 9 → GO TO QD1]
[IF POSTERS (4) SELECTED AND QE1=1, GO TO QE5]

E4. At your place of employment, is there a notice posted that explains the federal Family and Medical Leave Act?

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

E4a. To the best of your knowledge, are employees who are covered by the federal FMLA law entitled to take leave for the following reasons?

[PROGRAMMER: RANDOMLY SELECT 4 ITEMS FROM THE LIST BELOW, ONE AND ONLY ONE OF WHICH MUST BE EITHER {F,G,H} AND ONE AND ONLY ONE OF WHICH MUST BE EITHER J OR K].

- a. For the care of a newborn?
- b. For an employee's own serious health condition?
- c. For the care of a child with a serious health condition?
- d. For the care of a spouse with a serious health condition?
- e. For the care of a parent with a serious health condition?
- f. For the care of a grandparent with a serious health condition?
- g. For the care of a grandchild with a serious health condition?
- h. For the care of a sibling with a serious health condition?
- i. For the care of an adopted child or foster child?
- j. For the care of a military service member?
- k. For reasons related to the deployment of a military service member?

[RESPONSE CATEGORIES:]

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

Now I'm going to read you some questions about your current employment situation.

E5. Since [INSERT 18 MONTH PERIOD], have any co-workers where you work taken leave for family or medical reasons?

- 1 YES [ASK QE6]
- 2 NO [GO TO E7]
- 8 DK (VOL) [GO TO E7]
- 9 REF (VOL) [GO TO E7]

E6. As a result of these co-workers taking leave, did you... [SELECT ALL THAT APPLY]

- 1 Work more hours than you usually do?
- 2 Work a shift that you do not normally work?
- 3 Take on additional duties?
- 4 Take on different job responsibilities?
- 5 NONE OF THE ABOVE (VOL)
- 8 DK (VOL)
- 9 REF (VOL)

E7. I'm going to read a list of benefits that some employers offer to their employees. Are you eligible to receive any of these benefits?

[RANDOMIZE]

- a. Flextime [IF NECESSARY: a flexible work schedule which allows you to choose when you work, as long as you meet your total expected work hours]
- b. Flexplace or telecommuting [IF NECESSARY: an option which allows you to work away from the regular office site for a specified number of hours]
- c. Job sharing [IF NECESSARY: a work arrangement in which two people share one position in a company, with each working a part of the week]
- d. Paid family leave [IF NECESSARY: this includes maternity leave, paternity leave, and paid adoption leave]
- e. Paid vacation
- f. Paid sick time
- g. Paid time off [IF NECESSARY: Paid time off or PTO provides a "pool" of hours that an employee can draw from to take time off from work. It can include vacation, sick time, and such.]
- h. [READ IF (QS8=2) OR (ANY GUESSGENDER1-3>1) FOR SELECTED RESPONDENT:] Break time for mothers who are breastfeeding [IF NECESSARY: a reasonable amount of break time provided for an employee any time she needs to nurse her child]

[RESPONSE CATEGORIES:]

- 1 YES
- 2 NO/BENEFIT NOT OFFERED BY EMPLOYER
- 3 DEPENDS ON CIRCUMSTANCES
- 8 DK (VOL)
- 9 REF (VOL)

E8. Does your employer have an attendance policy that includes penalties for absences?

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

E9. Are you salaried on this job, paid by the hour, or paid some other way? [CODE ALL THAT APPLY]

- 1 SALARIED
- 2 HOURLY
- 3 PIECEWORK/COMMISSION
- 4 OTHER/COMBINATION
- 8 DK (VOL)
- 9 REF (VOL)

E10. Are you a contract worker?

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

E11. At the place where you work -- for example the site, store, or building -- would you say there are 50 or more employees?

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

[IF E11=1, DISPLAY RESPONSES 6-99 ONLY]

E12. Please think now of all of your organization's work sites within 75 miles. How many people are employed at your organization across all of the work sites within that 75 mile range, including this site?

[IF DK, READ: "Would you say it is..."]

- 1 1-9
- 2 10-19
- 3 20-29
- 4 30-39
- 5 40-49
- 6 50-99
- 7 100-249
- 8 250-499
- 9 500 OR MORE
- 98 DK (VOL)
- 99 REF (VOL)

PROGRAMMING NOTE: IF R IS LEAVE TAKER (QA1 = 1), ALSO DISPLAY "except for the leave you just told me about"

E13. Between [INSERT 12 MONTH PERIOD] and the present, have you worked continuously for the same employer [except for the leave you just told me about]?

- 1 YES
- 2 NO [GO TO QD1]
- 8 DK (VOL)
- 9 REF (VOL)

E14. Between [INSERT 12 MONTH PERIOD] and the present, were you always a full-time employee [except for the leave you just told me about]?

- 1 YES [GO TO QD1]
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

E15. Between [INSERT 12 MONTH PERIOD] and the present, how many hours per week have you worked on average?

- [RANGE: 0-80]
- DK (VOL) 888
- REF (VOL) 999

[GO TO QD1]

SECTION D – DEMOGRAPHICS

And finally, just a few questions for statistical purposes only.

D1. What is the highest level of education you have completed?

- 1 LESS THAN HIGH SCHOOL
- 2 SOME HIGH SCHOOL
- 3 HIGH SCHOOL GRADUATE
- 4 GED
- 5 SOME COLLEGE/ASSOCIATE'S DEGREE
- 6 COLLEGE GRADUATE
- 7 GRADUATE SCHOOL
- 8 DK (VOL)
- 9 REF (VOL)

[ASK IF QS10 = 1 FOR QS6 AX]

D2. Earlier [you/someone in your household] said that you had been employed by the government. Would that be the federal, state or local government?

- 1 FEDERAL
- 2 STATE
- 3 LOCAL (COUNTY, CITY, TOWNSHIP)
- 8 DK (VOL)
- 9 REF (VOL)

PROGRAMMING NOTE:

IF QE1 = 1, DISPLAY "Are"; OTHERWISE, DISPLAY "Were"

D3. [Were/Are] you a member of a labor union?

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

D4. What is the total combined income of all members of your FAMILY during the past 12 months? This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and any other money income received by members of your family who are 15 years of age or older.

D4a. Was your family income \$35,000 or above?

- 1 YES
- 2 NO [GO TO QD4f]
- 8 DK [GO TO QD5]
- 9 REF [GO TO QD5]

D4b. Was it \$40,000 or above?

- 1 YES
- 2 NO [GO TO QD5]
- 8 DK [GO TO QD5]
- 9 REF [GO TO QD5]

D4c. Was it \$50,000 or above?

- 1 YES
- 2 NO [GO TO QD5]
- 8 DK [GO TO QD5]
- 9 REF [GO TO QD5]

D4d. Was it \$75,000 or above?

- 1 YES
- 2 NO [GO TO QD5]
- 8 DK [GO TO QD5]
- 9 REF [GO TO QD5]

D4e. Was it \$100,000 or above?

- 1 YES [GO TO QD5]
- 2 NO [GO TO QD5]
- 8 DK [GO TO QD5]
- 9 REF [GO TO QD5]

D4f. Was it \$30,000 or above?

- 1 YES [GO TO QD5]
- 2 NO
- 8 DK [GO TO QD5]

9 REF [GO TO QD5]

D4g. Was it \$20,000 or above?

1 YES [GO TO QD5]

2 NO

8 DK [GO TO QD5]

9 REF [GO TO QD5]

D4h. Was it \$10,000 or above?

1 YES [GO TO QD5]

2 NO

8 DK [GO TO QD5]

9 REF [GO TO QD5]

D4j. Was it \$5,000 or above?

1 YES [GO TO QD5]

2 NO [GO TO QD5]

8 DK [GO TO QD5]

9 REF [GO TO QD5]

D5. Do you consider yourself to be Hispanic or Latino? [IF NECESSARY: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.]

1 YES

2 NO

8 DK (VOL)

9 REF (VOL)

D6. What race do you consider yourself to be? Please select one or more of the following. [READ LIST]

1 American Indian or Alaska Native,

2 Asian,

3 Native Hawaiian or Pacific Islander,

4 Black or African American, or

5 White?

6 SOME OTHER RACE (VOL) _____

8 DK (VOL)

9 REF (VOL)

D7. How many children under 18 years old are in your care?

[ENTER RANGE 0-7; 7 = 7 OR MORE]

8 DK (VOL)

9 REF (VOL)

D8. How many people over age 65 are in your care?

[ENTER RANGE 0-7; 7 = 7 OR MORE]

- 8 DK (VOL)
- 9 REF (VOL)

D9. Do you think of yourself as: [READ LIST]

- 1 [For men / IF FINGEND=1 FOR SELECTED RESPONDENT:] Gay / [For women / IF FINGEND=2 FOR SELECTED RESPONDENT:] Lesbian or gay
- 2 [For men / IF FINGEND=1 FOR SELECTED RESPONDENT:] Straight, that is, not gay / [For women / IF FINGEND=2 FOR SELECTED RESPONDENT:] Straight, that is, not lesbian or gay, or
- 3 Bisexual?
- 4 SOMETHING ELSE (VOL)
- 8 DK (VOL)
- 9 REF (VOL)

D10. Are you currently... [READ LIST]

- 1 Married,
- 2 Living with a partner, [GO TO QD12]
- 3 Separated,
- 4 Divorced,
- 5 Widowed, or
- 6 Never married?
- 8 DK (VOL)
- 9 REF (VOL)

[IF QD10=1, 3-9 → GO TO QD11]

[FOR QD11]:

IF QD10 = 1, DISPLAY "Is your spouse"

IF QD10 = 2-6, DISPLAY "Do you have a partner"

IF QD10 = 8-9, DISPLAY "Do you have a spouse or partner"]

D11. [Is your/Do you have a] [spouse/partner/spouse or partner] living outside of the household?

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

[CATI: Ask END1 only if INCENT=1]

END1. Those are all the questions we have for you at this time.

Can I please have your name and address so I can send you your check?

- 1 YES [GO TO QEND2]
- 2 NO [GO TO QZIP]

[CATI: Ask ZIP if END1=2 OR if INCENT=0]

ZIP. So that we can group households geographically, may I have your zip code?

RANGE: 00000-99999
999998 DK (VOL)
999999 REF (VOL)

[GO TO QEND3]

[CATI: Ask END2 only if INCENT=1 and END1=1]

END2. ENTER:

NAME [ASK FOR SPELLING IF UNSURE]

ADDRESS

CITY/STATE/ZIP

[RE-READ ALL TO CONFIRM]

END3. Thank you very much for your time. If you have any questions or would like further information about this study, you can call XXXX XXXX at (1-XXX-XXX-XXXX) during normal business hours.

[FOR INTERVIEWER USE ONLY:]

LANGUAGE OF INTERVIEW:

- 1. ENGLISH
- 2. SPANISH

[FOR PROGRAMMER USE ONLY:]

CLASSIFICATION:

- 1. LEAVE TAKER ONLY (A1 = 1 and (B1 NE 1 or B2 NE 1))
- 2. LEAVE NEEDER ONLY (A1 NE 1 and (B1 = 1 OR B2 = 1))
- 3. EMPLOYED ONLY (C1 = 1)
- 4. DUAL TAKER/NEEDER (A1 = 1 and (B1 = 1 or B2 = 1))

Appendix B. Worksite Survey Materials

B.1 Employer Advance Letter

[SECRETARY OF LABOR LETTERHEAD]

Dear Respondent,

I am writing to encourage your participation in a major study being conducted by the Department of Labor that will collect information on employers' family and medical leave policies and benefits. Your establishment has been randomly selected for this study. The results of this research will provide critical information on employer perspectives on the costs and benefits of both formal and informal policies regarding family and medical leave. I strongly urge you to participate in this study.

Data for this study are being collected for the Department of Labor by Abt Associates, a private research firm in Cambridge, Massachusetts, and its survey division, Abt SRBI. An Abt SRBI telephone interviewer will call you regarding your participation. Participation is voluntary, and Abt is required to protect the privacy of all information collected, including the identity of respondents. In addition, the data provided by Abt to the Department will not contain any information that would identify you or your establishment. There are many procedures in place to reduce the minimal potential risk in loss of privacy in this study.

The interview will last about 20 minutes and you will have the choice of completing it by telephone or over the web. We are enclosing a list of some of the information you will be asked about in the interview.

If an interviewer calls at an inconvenient time, he or she will be glad to call back at a mutually arranged time. You may contact the Abt SRBI survey center directly to schedule your interview. Please call toll free 1-800-772-9287 and give the operator reference number **5400** and participant code **(Pin (key))**. The call center will be open from 9 AM until midnight (Eastern Time) Monday through Friday.

To access the online survey, please go to this link: www.fmlasurvey.com. This will bring you to an introductory page where you can enter your unique PIN **(Pin (key))** and begin the survey. This ensures that you have exclusive access to your survey. Please feel free to contact the Abt SRBI survey center to assist you in either accessing or completing the web survey.

Surveys require clearance from the Office of Management and Budget (OMB) in accordance with the Paperwork Reduction Act of 1995. The OMB approval number is 1235-0026 and the expiration date is December 31, 2014. Without OMB approval, the Department of Labor could not conduct this survey.

Thank you in advance for your participation.

Sincerely,

Dr. William Spriggs
Assistant Secretary for Policy
Enclosure

B.2 Employer Information Sheet

The Employer Information Sheet (below) is attached to the Employer Cover Letter.

Study of Family and Medical Leave Act - Project Information Sheet

What is this study about? The purpose of this study is to better understand family and medical leave policies (FMLA) from the perspective of American business.

By “**Family and Medical Leave**” we mean employees taking time off for any of the following reasons:

- to care for their own or family members’ serious health condition (for purposes of this study, a serious health condition, means a condition that lasted more than 3 days and required treatment by a health care provider, a condition that required an overnight hospital stay, or a long-lasting condition for which one must see a health care provider at least twice a year for treatment. It may also include a condition that makes one permanently unable to work or perform other daily functions, or that requires treatments to keep from becoming incapacitated);
- for pregnancy-related reasons;
- to care for a service member, or for reasons related to the deployment of a military member;
- to give birth to a child, for the placement of a child for adoption or foster care; or
- to care for a newborn, newly adopted or new foster child.

Information from this study will be used to develop national estimates of: (a) employer policies with regard to allowing leave for family and medical reasons; (b) employees’ use of leave for family and medical reasons; and (c) business costs and benefits stemming from these leave policies (including, if applicable, policies related to the Family and Medical Leave Act.)

Who is conducting this study? Abt Associates and its survey division, Abt SRBI, have been contracted by the Department of Labor to conduct this study.

What will be asked of me? If you decide to participate, we will ask you some questions about your business’ leave policies and benefits at the following location:

<Place holder for MERGE SAMPLED LOCATION HERE>

To reduce the amount of time it takes to complete the survey, it would be helpful if you have information available about your business and about employees taking leave for family or medical reasons. WE HAVE INCLUDED A CHECK LIST FOR YOUR CONVENIENCE. It will be important to have this information with you before the interviewer calls or before you begin the web survey.

Why should I participate? Your business was scientifically selected from a national listing of American businesses, and your response is very important. The information gathered by the survey will provide critical information on employer perspectives on the costs and benefits of both formal and informal policies regarding family and medical leave. Your participation in this study will help the Department of Labor calculate national estimates. The data will be used for research purposes only, NOT for compliance with FMLA. The Department of Labor will receive an aggregate file of 1,800 responses from employers across the country, and it will not include any identifying information on any individual employer.

Who will know what I say? No one. Your responses are completely private, and your name will not be linked to the feedback you provide. Your participation is completely voluntary.

How can I be sure my rights as a participant are protected? Your participation in this research is entirely voluntary. Without the help of employers like you, we could not conduct this work. Abt Associates’ Institutional

Review Board (IRB) protects the rights of research participants. For questions about your rights as a participant in this study, contact Teresa Doksum, Institutional Review Board Administrator, at 877-520-6835 (toll-free). To learn more about the survey you may contact Jacob Klerman at 877-666-8756 (toll-free).

(INFORMATION CHECK LIST ON NEXT PAGE)

FAMILY MEDICAL LEAVE WORKSITE SURVEY INFORMATION CHECKLIST

To speed up the survey process, please have the following information available for the telephone interview, or *before* you begin the web survey. In order to achieve a high degree of accuracy in this study, we encourage you to consult, if necessary, relevant records (payroll, etc.) maintained by your organization. **Because many businesses have different fiscal years and record keeping systems, we ask that you report the following information over any twelve month period ending between January 1, 2011 and now that is most convenient to you.**

INFORMATION ABOUT YOUR BUSINESS

- The number of employees presently on the payroll at this address (including full-time, part-time, and temporary employees).
- The number of female employees.
- The number of employees who are unionized.
- The number of employees who worked at least 1,250 hours for your organization in the past 12 months.

INFORMATION ABOUT EMPLOYEES TAKING LEAVE FOR FAMILY OR MEDICAL REASONS

- The NUMBER OF EMPLOYEES AT THIS LOCATION TAKING LEAVE which you categorized as being under the Federal *Family and Medical Leave Act* (if applicable to your organization at this location).
- THE NUMBER OF EMPLOYEES AT THIS LOCATION, IN TOTAL, TAKING LEAVE lasting more than 3 days for family or serious medical reasons (including leave taken under the *Family and Medical Leave Act* as well as other family and medical leave) in **the 12-month reporting period you have designated.**
- For businesses for which the Federal Family and Medical Leave Act applies: The number of employees who took leave for family reasons or leave lasting for more than 3 days for serious medical reasons during your designated 12-month reporting period, but whom have NOT returned to work for you.

B.3 Worksite Survey

2012 FAMILY AND MEDICAL LEAVE ACT (FMLA) SURVEY

WORKSITE SURVEY

NOTE:

RESPONSE OPTIONS IN ALL CAPS ARE NOT READ ALOUD BY THE INTERVIEWER.

TEXT IN ALL CAPS IS A PROGRAMMER NOTE OR INTERVIEWER INSTRUCTION.

TEXT IN BRACKETS IS TO BE FILLED IN PROGRAMMATICALLY.

**FAMILY AND MEDICAL LEAVE ACT (FMLA)
2011 SURVEY OF WORKSITES – SCREENING (VERIFICATION) SURVEY**

V1. Hello, my name is [INTERVIEWER], and I'm calling from Abt SRBI, a public policy research firm, on behalf of the U.S. Department of Labor. We are preparing for an important nationwide study regarding businesses' leave policies. [IF NECESSARY: Just to confirm,] Have I reached [FILL BUSINESS NAME]?:

- 1 YES (PRIMARY NAME MATCH) [GO TO V3]
- 2 YES (NAME CHANGED) [GO TO V2]
- 3 NO, ANOTHER BUSINESS [GO TO V2]
- 4 NO, IT CLOSED/WENT OUT OF BUSINESS [END - SCREENOUT V1]
- 5 RESIDENCE ONLY (NOT A BUSINESS) [END AND DISPO AS WRONG #]
- 6 VOICEMAIL AT CORRECT BUSINESS [SKIP TO VOICEMAIL]
- 7 VOICEMAIL UNKNOWN [SKIP TO VOICEMAIL]
- 8 UNABLE TO REACH LIVE PERSON OR VOICEMAIL [SCHEDULE CALLBACK]

V2. Is this business the same as [FILL BUSINESS NAME]?
[PROBE: Do you consider it the same business?]
[IF DON'T KNOW FIRST ASK: Is there someone else there who would know?]

- 1 YES [GO TO V3]
- 2 NO [END AND DISPO AS WRONG #]
- 9 DK/REF (VOL) [END AND DISPO AS "NEEDS LOOKUP"]

V3. Is this business considered to be any of the following: a public school [PAUSE], a public university [PAUSE], a post office [PAUSE], or a government organization at the federal, state, or local level?
[IF DON'T KNOW FIRST ASK: Is there someone else there who would know?]

- 1 YES, PUBLIC SCHOOL [END - SCREEN OUT V3]
- 2 YES, PUBLIC UNIVERSITY [END - SCREEN OUT V3]
- 3 YES, POST OFFICE [END - SCREEN OUT V3]
- 4 YES, GOVERNMENT ORGANIZATION [END - SCREEN OUT V3]
- 5 NO/NONE OF THE ABOVE [GO TO V4]
- 9 DK/REF (VOL) [END AND DISPO AS "NEEDS LOOKUP"]

V4. Do you have an office at [FILL ADDRESS]?
[IF DON'T KNOW FIRST ASK: Is there someone else there who would know?]

- 1 YES [GO TO V7]
- 2 NO, IT MOVED [GO TO V5]
- 3 NO, IT CLOSED/WENT OUT OF BUSINESS [END - SCREENOUT V4]
- 9 DK/REF (VOL) [END AND DISPO AS "NEEDS LOOKUP"]

V5. Did the office move to a location in a different state than [FILL STATE]?
[IF DON'T KNOW FIRST ASK: Is there someone else there who would know?]

- 1 YES
- 2 NO
- 9 DK (VOL) [END AND DISPO AS "NEEDS LOOKUP"]

V6. Could I please have the new address for that location?
[IF DON'T KNOW FIRST ASK: Is there someone else there who would know?]

- 1 YES [ENTER NEW INFORMATION THEN GOTO V7]
- 2 NO [END AND DISPO AS "NEEDS LOOKUP"]
- 9 DK (VOL) [END AND DISPO AS "NEEDS LOOKUP"]

[PROGRAMMER: IF V5=1 GO TO END AND SCREENOUT V5]

V7. We would like to send some information regarding this study to your company. Could I please have the contact information of your human resources director, the person responsible for your company's benefit plans, or the person responsible for compliance with federal employment laws for this location?

[IF NECESSARY: This may be your company's personnel manager, payroll manager, etc.]

[IF DON'T KNOW FIRST ASK: Is there someone else there who would know?]

[VERIFY SPELLING/ACCURACY OF ALL ENTRIES]

[ENTER:]
TITLE
FIRST NAME LAST NAME
COMPANY NAME
ADDRESS
CITY, STATE ZIP
DIRECT PHONE NUMBER, EXTENSION
FAX NUMBER
EMAIL ADDRESS

- 9 DK (VOL) [END AND DISPO AS "NEEDS LOOKUP"]

V8. To verify that I have spoken to someone at this company, may I please get your name?

[ENTER:]
NAME [ASK FOR SPELLING IF UNSURE]

- 9 REF (VOL)

V9. To the best of your knowledge, does your organization maintain records of employee use of leave under the Family and Medical Leave Act, also known as FMLA leave? The FMLA gives some employees in organizations of a certain size the right to take unpaid, job-guaranteed leave for various family and medical reasons.

- 1 YES [ASK V10]
- 2 NO [GO TO END]
- 9 DK/REF (VOL) [GO TO END]

V10. And does your company process requests for FMLA internally, or do you utilize a third party for this? (IF NECESSARY: do you hire another company to administer the requests for FMLA, or do you do this yourselves?)

- 1 INTERNALLY
- 2 OUTSOURCE
- 3 OTHER
- 9 DK/REF (VOL)

END. Thank you. Those are all the questions I have at this time.

VOICEMAIL. Hello, my name is [INTERVIEWER], and I'm calling from Abt SRBI, a public policy research firm, on behalf of the U.S. Department of Labor. We are preparing for an important nationwide study regarding businesses' leave policies and would like to send some information regarding this study to your company. We will call back within the next day or two. Thank you. [THEN SCHEDULE CALLBACK FOR ALL VOICEMAILS]

**FAMILY AND MEDICAL LEAVE ACT (FMLA)
2012 SURVEY OF WORKSITES – CATI SCRIPT FOR MAIN**

INTRO1.

Hello, may I speak to [hrname]? My name is [INTERVIEWER NAME] and I'm calling from Abt SRBI, a public policy research firm. Your organization was recently sent a letter signed by Assistant Secretary for Policy, Dr. William Spriggs, regarding a study we are conducting for the U.S. Department of Labor.

Do you remember receiving this letter?

- 1 YES [GO TO THE LOGIC BEFORE EMAIL]
- 2 NO/DK/REF [GO TO INTRO2]
3. (VOL) Will complete/Already completed on web [SET UP CALLBACK]

INTRO2.

Would you like another copy sent to you?

- 1 YES [GO TO RESEND]
- 2 NO/DK/REF [GO TO THE LOGIC BEFORE EMAIL]
- 3 SOFT REFUSAL
- 4 HARD REFUSAL

RESEND.

How would you like the letter re-sent: by mail, fax, or email?

- 1 MAIL [READ IN HRADD AND CONFIRM WITH RESPONDENT]
- 2 FAX [READ IN HRFAX AND CONFIRM WITH RESPONDENT]
- 3 EMAIL [READ IN HREMAIL AND CONFIRM WITH RESPONDENT]

[IF [email] = 1, READ EMAIL. ELSE SKIP TO EMAIL1]

EMAIL.

Your organization was also recently sent a follow-up email, which included a link to the online survey and a unique PIN. Do you recall receiving this email?

- 1 YES [GO TO INTRO3]
- 2 NO/DK/REF

RESEND2.

Would you like another email sent to you?

- 1 YES
- 2 NO/DK/REF [GO TO INTRO3]

[IF RESEND = 3, skip to INTRO3]

CHECKEMAIL.

The email address we have on file is [EMAIL]. Is this correct?

- 1 YES [GO TO INTRO3]
- 2 NO
- 8 (VOL) DK/REF [GO TO INTRO3]

EMAILUPDATE.

What is your email address?

- 1 UPDATE EMAIL ADDRESS [CATI: INCLUDE VALIDATION TO CHECK FOR @ SYMBOL]
- 2 (VOL) DK/REF

[SKIP TO INTRO3]

[IF [email] = 0, READ EMAIL1. ELSE SKIP TO INTRO3]

EMAIL1

We could also send your organization an email which will include a link to the online survey and a unique PIN. Would you like us to send you an email?

- 1 YES
- 2 NO/DK/REF [GO TO INTRO3]

[IF RESEND = 3, skip to INTRO3]

EMAILUPDATE1.

What is your email address?

1. UPDATE EMAIL ADDRESS [CATI: INCLUDE VALIDATION TO CHECK FOR @ SYMBOL]
2. (VOL) DK/REF

INTRO3.

Would you like to hear about this study now?

- 1 YES [IF INTRO1=1, GO TO LETTER
IF INTRO1=2, GO TO NO LETTER]
- 2 NO [SCHEDULE CALLBACK]
- 3 SOFT REFUSAL
- 4 HARD REFUSAL
5. (VOL) Will complete/Already completed on web [SET UP CALLBACK]

NO LETTER.

The letter from the **Assistant Secretary for Policy** encouraged your participation in a major study being conducted by the Department of Labor that will collect information on employers' family and medical leave policies and benefits. The letter described the information we are collecting, such as the number of employees on the payroll, and the number of employees who may have taken leave over a twelve month period. Some of our questions will ask about the Family and Medical Leave Act, also referred to as FMLA. FMLA gives some employees in organizations of a certain size the right to take unpaid, job-guaranteed leave for various family and medical reasons.

[IF NECESSARY: We are interested in employers who are covered by FMLA and those who are not covered.]

[GO TO START₁]

LETTER.

Abt Associates and its survey division, Abt SRBI, are conducting this study to find out about your organization's policies with regard to employees taking leave for family reasons or serious medical reasons, and your employees' use of this leave. Some of our questions will ask about the Family and Medical Leave Act, also referred to as FMLA. FMLA gives some employees in organizations of a certain size the right to take unpaid, job-guaranteed leave for various family and medical reasons.

[IF NECESSARY: We are interested in employers who are covered by FMLA and those who are not covered.]

[GO TO START₁]

START₁.

Now, just a few more things before we get started.

Your participation in this study will help the Department of Labor calculate national estimates. The data will be used for research purposes only, NOT for compliance with FMLA. The Department of Labor will receive an aggregate file of 1,800 responses from employers across the country, and it will not include any identifying information on any individual employer. They will make available a public-use data set on their website or other data repository. [IF NECESSARY: Wide dissemination of data facilitates our understanding of the FMLA and its impacts on employers; it enables researchers and policy makers to further the national policy discussion, and it helps ordinary citizens learn about the issues facing their employers.]

Your responses to this survey are voluntary and will remain private to the greatest extent possible under the law. There are many procedures in place to reduce the minimal potential risk of loss of privacy in this study. No information tied specifically to your organization will be shared or released in any form. The survey should take about 20 minutes to complete, depending on your answers.

May I begin the survey now? [IF NECESSARY: We can start now and you can finish on the web if you'd like.]

- 1 CONTINUE [GO TO START_{1.2}]
- 2 CALLBACK
- 3 SOFT REFUSAL
- 4 HARD REFUSAL
- 5 (VOL) ALREADY COMPLETED WEB SURVEY [SET UP CALLBACK]
- 6 (VOL) PREFERS TO COMPLETE ON WEB [GO TO WEB]

WEB.

This survey can be completed online if you prefer. To access the survey online, please use the following web address: XXXXXX

Once there, enter your unique PIN [INSERT KEY] to begin the survey. Thank you in advance for your participation.

[SET UP CALLBACK FOR 2 WEEKS]

START1.2.

So that we can collect the most accurate data possible, we'd like you to consult HR records, if necessary. These would include the number of full- and part-time employees at your organization, leave-taking activity, and company policies regarding time off for family and medical leave. Do you have access to that information now?

[INTERVIEWER: I can wait while you locate your records. IF NECESSARY: We can schedule a better time to call back.]

- 1 YES, RESP HAS RECORDS / HOLD WHILE RESP. LOCATES RECORDS [GO TO START2]
- 2 RESP. DOES NOT NEED TO CONSULT RECORDS [GO TO START2]
- 3 RESP. DOES NOT HAVE RECORDS ON HAND [SCHEDULE CALLBACK]

START2. Please allow me a moment to bring up your survey.

[DISPLAY RESP KEY #]

INTERVIEWER: GO TO www.opinionport.com/fmlacati AND ENTER KEY TO BEGIN SURVEY. STAY ON THIS SCREEN UNTIL DONE WITH WEB SURVEY.

*******IMPORTANT:** DO NOT USE THE STOP MENU TO DISPO CALL*****

PRESS 1 TO CONTINUE.

END.

INTERVIEWER RECORD STATUS OF WEB SURVEY.

- 1 COMPLETE [END]
- 2 PARTIAL – CALLBACK AT SAME NUMBER
- 3 PARTIAL – CALLBACK AT DIFFERENT NUMBER [GO TO UP1]
- 4 PARTIAL – SOFT REFUSAL
- 5 PARTIAL – HARD REFUSAL
- 6 SCREENOUT Q1.1 = 1
- 7 SCREENOUT Q2.1 = 1

[CATI- ADD ECHO HERE]

[CATI: If END = 2 or 3, unset START2, and END and start callback at START2]

UP1. [INTERVIEWER: UPDATE PHONE NUMBER]

UP2. Is that a landline or cell phone?

- 1 Landline
- 2 Cell phone

VOICEMAIL SCRIPT.

Hello, my name is [INTERVIEWER], and I'm calling from Abt SRBI, a public policy research firm, on behalf of the U.S. Department of Labor. We are preparing for an important nationwide study regarding businesses' leave policies and would like to include your company in this important study. We will call back within the next day or two. If you would like to reach us to complete the survey, you can call our toll-free number, 1-**XXX-XXX-XXXX**, please ask for extension XXXX and reference your unique PIN [READ RESP KEY #]. Thank you.

**FAMILY AND MEDICAL LEAVE ACT (FMLA)
2012 SURVEY OF WORKSITES**

[PROGRAMMER: DO NOT DISPLAY QUESTION NUMBERS (INTRO1, INTRO1.1, ETC.) ON SCREEN]

INTRO1.

[CENTERED] Thank you for participating in this important research study!

This study asks about your organization's policies with regard to employees taking leave for family and medical reasons, and your employees' use of this leave. Some questions ask about the Family and Medical Leave Act, also referred to as FMLA. Your participation in this study will help the Department of Labor calculate national estimates. The data will be used for research purposes only, NOT for compliance with FMLA. The Department of Labor will receive an aggregate file of 1,800 responses from employers across the country, and it will not include any identifying information on any individual employer. They will make available a public-use data set on their website or other data repository. Wide dissemination of data facilitates our understanding of the FMLA and its impacts on employers; it enables researchers and policy makers to further the national policy discussion, and it helps ordinary citizens learn about the issues facing their employers. [HYPERLINK "public-use data set", "FMLA" IN THREE PLACES]

Your responses to this survey are voluntary and will remain private to the greatest extent possible under the law. There are many procedures in place to reduce the minimal potential risk of loss of privacy in this study. The Department of Labor (DOL) could not conduct this survey without the Office of Management and Budget approval. DOL received such approval under OMB control # 1235-0026, which expires on 12/31/2014. No information tied specifically to your organization will be shared or released in any form. The survey should take about 20 minutes depending on your answers. We have provided definitions for terms used throughout the survey, which you may consult by clicking on terms highlighted in blue, underlined font. Doing so will open a new window containing the definitions, which you may consult for the duration of the survey.

[HYPERLINK "definitions" – SEE DEFINITIONS BELOW]

If you have any questions while completing the survey, please contact XXXX XXXX at 1-XXX-XXX-XXXX or by email, XXXX@SRBI.com and mention study "XXXX". We ask that you complete your survey no later than June 1, 2012.

[THE FOLLOWING DEFINITIONS SHOULD BE DISPLAYED IN EVERY HYPERLINK, IN ALPHABETICAL ORDER:

Care of a military service member

The employee could be the service member's spouse, son, daughter, or parent or next of kin.

Deployment of a military service member

The employee could be the service member's spouse, son, daughter, or parent.

Elderly

Elderly refers to a person aged 65 years or older.

Entire time allotment

We mean the total amount of time provided for by the Federal Family and Medical Leave for protected leave reasons. For example, FMLA provides up to 12 weeks for the birth of a child and 26 weeks for military caregiver leave. State laws may provide additional time.

Episodic

An episodic leave means time away from work taken sporadically in short increments of time for the same underlying reason.

Federal Family and Medical Leave Act (FMLA)

The act gives some employees in organizations of a certain size the right to take unpaid, job-guaranteed leave for various family and medical reasons such as: to care for their own or family members' serious health condition or pregnancy; to give birth to a child; for the placement of a child for adoption or foster care; to care for a newborn, adopted or foster child; or to care for a military service member, or for reasons related to the deployment of a military service member.

Flex Time

By "flex time" we mean a flexible work schedule which allows you to choose when you work, as long as you meet your total expected work hours.

FMLA Eligible Employee

An employee that worked for your organization for at least 12 months, works at a location where 50 employees are employed at the location or within 75 miles, and had at least 1,250 hours of service in the 12 months prior to the needed leave.

Public-Use Data Set

A public-use data set is a file with data from the survey that will be posted by the Department of Labor on their web site or other data repository. Several measures are employed to ensure confidentiality of the study participants. No personal names or company names or addresses will be present in the data. Other information, such as geographic information, will be suppressed. Other potentially identifying information, such as company size and industry type will be suppressed or re-categorized into broader groups so as to make identification of any individual respondent impossible.

Serious Health Condition

Is a condition that:

- Lasted more than 3 days and required treatment by a health care provider OR
- A condition that required an overnight hospital stay OR
- A long-lasting condition for which one must see a health care provider at least twice a year for treatment.

It may also include

- A condition that makes one permanently unable to work or perform other daily functions OR
- A condition that requires treatments to keep from becoming incapacitated.

Third Party for Processing FMLA Requests

A third party for processing FMLA requests is a company that is hired to administer the requests for FMLA.]

INTRO1.1.

A few instructions before you begin...

- The [BOLD->] **preferred web browser** [<-BOLD] for this survey is Internet Explorer (version 6 and above) or Mozilla Firefox (version 3.5 and above).
- If you need to exit this survey for any reason, you may return by logging in with your same PIN, and continue the survey from the point at which you left off. If you need to go back to change an answer use the “LAST” button on the bottom of the screen. Do not use your browser’s back button.
- To leave a question blank, you may select “NEXT” to move forward. If you would like to un-select a response to leave a question blank, you may choose the “Clear my response” option to remove your response and continue the survey.

[PROGRAMMING: IF “NEXT” IS SELECTED WITHOUT A RESPONSE, RESPONDENTS SHOULD BE PROMPTED TO ANSWER. ON SECOND ATTEMPT TO GO FORWARD WITHOUT RESPONSE, ALLOW NO ANSWER AND CODE REFUSED.]

INTRO1.2.

To speed up the survey process, please have the following information available before you begin the web survey. In order to achieve a high degree of accuracy in this study, we encourage you to consult, if necessary, relevant records (payroll, etc.) maintained by your organization. Because many businesses have different fiscal years and record keeping systems, we ask that you report the following information over a twelve month period since January 1, 2011, that is most convenient to you.

[BOLD->] Information About Your Business [<-BOLD]

- The number of employees presently on the payroll at this address (including full-time, part-time, and temporary employees).
- The number of female employees.
- The number of employees who are unionized.
- The number of employees who worked at least 1,250 hours for your organization in the past 12 months.

[BOLD->] Information About Employees Taking Leave For Family Or Medical Reasons [<-BOLD]

- The NUMBER OF EMPLOYEES AT THIS LOCATION TAKING LEAVE which you categorized as being under the Federal Family and Medical Leave Act (if applicable to your organization at this location).
- THE NUMBER OF EMPLOYEES AT THIS LOCATION, IN TOTAL, TAKING LEAVE lasting more than 3 days for family or serious medical reasons (including leave taken under the Family and Medical Leave Act as well as other family and medical leave) in the 12-month reporting period you have designated.
- For businesses for which the Federal Family and Medical Leave Act applies: The number of employees who took leave for family reasons or leave lasting for more than 3 days for serious medical reasons during your designated 12-month reporting period, but whom have NOT returned to work for you.

[VERSION 2 (CATI) – BEGIN WITH QTIME]

QTime. The survey contains several questions that require information over a 12-month period. You may provide this information for any 12-month period between January 2011 and now that is most convenient to you. Please select the 12-month reporting period for this survey.

- 1 January 2011 to December 2011
- 2 February 2011 to January 2012
- 3 March 2011 to February 2012
- 4 April 2011 to March 2012
- 5 May 2011 to April 2012
- 6 June 2011 to May 2012

[PROGRAMMING – WE WILL ADD OPTIONS 3-6 EACH MONTH AS THEY APPLY]

[12-MONTH FILL= [QTIME]

REMINDER AFTER QTIME= “Reminder: Please answer all questions using data from the 12-month reporting period you specified earlier, [QTIME].”

IF QTIME = REF, THEN 12-MONTH FILL= “during your 12-month reporting period” AND
REMINDER AFTER QTIME= “Reminder: ... using data from your company's 12-month reporting period.”]

BACKGROUND INFORMATION ABOUT THE ESTABLISHMENT'S EMPLOYEES

Q1. First, we would like some general information that describes your organization as a whole. How many employees are currently on the payroll? Please include all full-time, part-time, and seasonal or stand-by employees within your firm or organization across all worksites.

[Please think about the entire firm or organization.]

[Please enter zero (0) if the answer is "none".]

[RANGE: 0-500,000; 500,000 = 500,000 or greater]
 9999999 REF

IF Q1=0 GO TO Q1.1

IF Q1=REF GO TO Q1.2

IF Q1>0 AND NE REF GO TO INTRO2

[PROGRAMMER NOTE: **FOR ALL NUMERIC QUESTIONS-** FORCE A NUMERIC RESPONSE THAT IS WITHIN RANGE BUT ALLOW BLANK TO CONTINUE (DO NOT ALLOW A NUMERIC RESPONSE THAT IS OUT OF RANGE). ERROR MESSAGE SHOULD READ: Please enter a number [less than or equal to [X]]. But if you really don't know the answer or if you'd prefer to skip this question, you can continue by leaving the box blank and clicking 'Next'.]

Q1.1 You have indicated that, including yourself, there are ZERO (0) employees currently on your payroll. Is that correct?

- 1 YES GO TO QEND [IF VERSION 2: GO TO QEND THEN GO TO SCREENOUT TEXT AT END]
- 2 NO GO TO Q1.2
- 9 REF GO TO Q1.2

Q1.2 Can you please provide a range of employees currently on your payroll?

- 1 1-10
- 2 11-24
- 3 25-49
- 4 50-99
- 5 100-250
- 6 251-999
- 7 1,000+.
- 9 REF

INTRO2.

Most of our questions request information about your work site at its address, for example [LOCATION ADDRESS]. Many companies have branches or offices located outside of the main or headquarter city. Our study has been designed to scientifically select work [BOLD->] sites [<-BOLD], as opposed to entire companies. In order to get the most accurate data possible, we will need you to report on your work site's address, for example the [LOCATION ADDRESS] location, for most of our questions. Since we will be referring to this location several times throughout the survey, can you please tell me how we should refer to it throughout the survey? For example, do you call it the [INSERT CITY] office, or branch? Or something else?

- 1 [INSERT CITY] office
- 2 [INSERT CITY] branch
- 3 Something else, please specify: _____
- 9 REF

[IF INTRO2=3, WORK SITE FILL= TEXT SPECIFIED. IF INTRO2=REF , THEN WORK SITE FILL= "your work site", IF INTRO2=3, force specify response]

- Q2. And how many employees report to or receive work from [WORK SITE FILL]?
[Please think only about this location, not the entire firm or organization. This includes all individuals who receive work assignments from or are based out of this site, including those who may work from home or telecommute.]
[Please enter zero (0) if the answer is "none".]

[PROGRAMMING: Q2 SHOULD BE LESS THAN OR EQUAL TO Q1 UNLESS Q1= 0 or REF, THEN RANGE SHOULD BE LESS THAN OR EQUAL TO HIGHER RANGE IN Q1.2. IF Q1.2=REF THEN RANGE=0-500,000.]

____ [RANGE: 0-Q1 OR 0-HIGHER RANGE Q1.2 OR 0-500,000]
99999 REF

IF Q2=0 GO TO Q2.1
IF Q2=REF GO TO Q2.2
IF Q2>0 AND NE REF GO TO PROGRAMMING INSTRUCTION BEFORE Q3

Q2.1 You have indicated that, including yourself, there are ZERO (0) employees who report to or receive work from [WORK SITE FILL]. Is that correct?

- 1 YES GO TO QEND [IF VERSION 2: GO TO QEND THEN GO TO SCREENOUT TEXT AT END]
- 2 NO GO TO Q2.2
- 9 REF GO TO Q2.2

Q2.2 Can you please provide a range of employees who report to or receive work from this location?

[RANGE: 0-Q1 OR 0-HIGHER RANGE Q1.2 OR 0-500,000]

- | | |
|---|---------|
| 1 | 1-10 |
| 2 | 11-24 |
| 3 | 25-49 |
| 4 | 50-99 |
| 5 | 100-250 |
| 6 | 251-999 |
| 7 | 1,000+. |
| 9 | REF |

(IF Q2=1-49) OR (IF Q2 = 0 or REF AND Q2.2<4) ASK Q3 ELSE SKIP TO Q4

Q3. Including the employees at this site, what is the TOTAL number of employees who report to or receive work at sites within 75 miles of this location?
[This includes employees who work from home and are within the 75 mile limit.]

[PROGRAMMING: Q3 SHOULD BE GREATER THAN OR EQUAL TO Q2 UNLESS Q2=0 or REF, THEN MIN RANGE=LOWER RANGE IN Q2.2. IF Q2.2=REF THEN MIN RANGE=0]

____ [RANGE: Q2-10,000 OR LOWER RANGE Q2.2-10,000 OR 0-10,000]
99999 REF

IF Q3=REF GO TO Q3.1
IF Q3>0 AND NE REF GO TO Q4

Q3.1 Can you please provide a range of employees who report to or receive work at sites within 75 miles of this location?

[RANGE: Q2-10,000 OR LOWER RANGE Q2.2-10,000 OR 0-10,000]

- | | |
|---|---------|
| 1 | 1-10 |
| 2 | 11-24 |
| 3 | 25-49 |
| 4 | 50-99 |
| 5 | 100-250 |
| 6 | 251-999 |
| 7 | 1,000+. |
| 9 | REF |

Q4. Just to confirm, we have your organization's main activity described as [INSERT INDUSTRY DESCRIPTION FROM SAMPLE]; is that correct?

- 1 YES [GO TO Q6]
- 2 NO [GO TO Q5]
- 9 REF [GO TO Q5]

Q5. How would you describe your company's main activity? [RECORD VERBATIM]

Q6. How many of your employees at [WORK SITE FILL] are unionized?
[Please enter zero (0) if the answer is "none".]

- 1 NUMBER [Q6 SHOULD BE LESS THAN OR EQUAL TO Q2 UNLESS Q2 = 0 or REF, THEN MAX RANGE=HIGHER RANGE Q2.2. IF Q2.2=REF THEN RANGE=0-10,000.]
- 2 PERCENT
- 9 REF

_____|_____|_____|_____|_____|_____| [RANGE: 0-Q2 OR 0-HIGHER RANGE Q2.2 OR 0-10,000]
_____|_____|_____| PERCENT
99999 REF

[PROGRAMMING: IF Q6=0 or REF ASK Q6a]

Q6a. Across all sites in your organization, are any employees unionized?

- 1 Yes
- 2 No
- 9 REF

Q7. How many of your employees at [FILL] are female?

[Your best estimate is fine.]

[Please enter zero (0) if the answer is "none".]

- 1 NUMBER [Q7 SHOULD BE LESS THAN OR EQUAL TO Q2 UNLESS Q2= 0 or REF, THEN MAX RANGE=HIGHER RANGE Q2.2. IF Q2.2=REF THEN RANGE=0-10,000.]
- 2 PERCENT
- 9 REF

_____|_____|_____|_____|_____|_____| [RANGE: 0-Q2 OR 0-HIGHER RANGE Q2.2 OR 0-10,000]
_____|_____|_____| PERCENT
99999 REF

Q8. How many of your employees at [WORK SITE FILL] have been working at your organization for at least one year?

[Please enter zero (0) if the answer is "none".]

1 NUMBER [Q8 SHOULD BE LESS THAN OR EQUAL TO Q2 UNLESS Q2 = 0 or REF, THEN MAX RANGE=HIGHER RANGE Q2.2. IF Q2.2=REF THEN RANGE=0-10,000.]

2 PERCENT

9 REF

|_|_|_|_|_|_|_| [RANGE: 0-Q2 OR 0-HIGHER RANGE Q2.2 OR 0-10,000]

|_|_|_| PERCENT

99999 REF

[PROGRAMMING: DISPLAY Q9 ON SAME SCREEN AS Q8; IT SHOULD APPEAR ON SCREEN ONLY AFTER Q8 RESPONSE IS SUBMITTED. IF Q8=0 FOR EITHER NUMBER OR PERCENT, SKIP TO Q10 (DO NOT DISPLAY Q9). IF Q8=REF, DISPLAY Q9.]

Q9. Of the employees working there at least a year, how many worked at least 1,250 hours for your organization in the past year?

[Please enter zero (0) if the answer is "none".]

1 NUMBER [Q9 SHOULD BE LESS THAN OR EQUAL TO Q8 UNLESS REF, THEN RANGE Q9 SHOULD BE LESS THAN OR EQUAL TO Q2 UNLESS Q2 = 0 or REF, THEN MAX RANGE=HIGHER RANGE Q2.2. IF Q2.2=REF THEN RANGE=0-10,000.]

2 PERCENT

9 REF

|_|_|_|_|_|_|_| [RANGE: 0-Q8 OR 0-10,000]

|_|_|_| PERCENT [RANGE: 0-100]

99999 REF

Q10. In what time increments do employees in your organization record their work time? Please select all that apply.

1 Minutes

2 Hours

3 Not required to report/record work time [DO NOT ALLOW WITH 1 OR 2]

9 REF

Q11. How many employees are provided...?

[INSERT GRID – ROWS]

- A. Paid sick leave
- B. Paid disability leave
- C. Paid vacation
- D. Paid maternity leave
- E. Paid paternity leave
- F. Flex time [HYPERLINK “Flex time”]
- G. Any other paid time off, excluding paid holidays

[COLUMNS – ALLOW ONE PER ROW]

- 1 All
- 2 Most
- 3 Some
- 4 None
- 9 REF

Q11.1. [Ask Q11.1 if Q11A and C= 2/3/4/9] How many employees are provided “paid time off?”
[Instead of designating employee paid time off as vacation, sick leave and such, many employers lump it all together and simply call it “paid time off” or PTO for short. PTO provides a "pool" of hours that an employee can draw from to take time off from work, without having to specify a reason.]

- 1 All
- 2 Most
- 3 Some
- 4 None
- 9 REF

Q14. How many employees at [WORK SITE FILL] are allowed to take leave for the following reasons?

[INSERT GRID – ROWS – RANDOMIZE]

- A. To attend a child’s school meetings
- B. For elder care reasons
- C. For the employee’s or his or her family members’ routine medical appointments, such as routine dental exams or yearly physicals
- D. For non-routine medical appointments, such as to see a specialist

[COLUMNS – ALLOW ONE PER ROW]

- 1 All
- 2 Most
- 3 Some
- 4 None
- 9 REF

Q15. Does your company policy use a point or demerit system that tracks an employee's unscheduled absences?

- 1 Yes for all employees
- 2 Yes for some employees
- 3 No
- 4 Depends on circumstances
- 9 REF

Q16. For employees at this location, does this site's policies allow for family or medical leave for the following reasons?

[INSERT GRID – ROWS]

- A. For the care of a newborn
- B. For an adoption or foster care placement
- C. For an employee's own serious health condition (not including maternity-related reasons) [HYPERLINK "serious health condition"]
- D. For a pregnancy-related reason
- E. For the care of a child, spouse or parent with a serious health condition [HYPERLINK "serious health condition"]
- F. For care of a parent or spouse who is elderly [HYPERLINK "elderly"]
- G. For the care of a military service member with a serious injury or illness [HYPERLINK "care of a military service member"]
- H. For reasons related to the deployment of a military service member [HYPERLINK "deployment of a military service member"]

[COLUMNS – ALLOW ONE PER ROW]

- 1 Yes
- 2 No
- 3 Depends on circumstances
- 9 REF

[IF Q16A/B/E= 1 or 3 GO TO Q16x_1
IF Q16A/B/E NE 1 or 3 AND Q16C/D/F/G/H= 1 or 3 GO TO Q16x_2
IF ALL Q16A-H= 2 or 9, GO TO Q17]

[ASK IF Q16A/B/E = 1 or 3]

Q16x_1. Does this site's leave policies for these types of leave cover guardians and caregivers of a child regardless of their legal or biological relationship to that child?

- 1 Yes
- 2 No
- 9 REF

Q16x_2. How much notification is needed for foreseeable absences? [If it differs by type of leave, what is the MAXIMUM notification needed?] Please respond in hours OR days OR weeks. [Enter zero (0) if the answer is "none".]

- 6 Hours [RANGE: 0 – 24]
- 7 Days [RANGE: 0 – 180]
- 3 Weeks [RANGE: 0 – 52]
- 9 REF

Q16x_3. Does this site have a WRITTEN policy for taking family and medical leave?

- 1 Yes
- 2 No
- 9 REF

Q16x_4. What is the MINIMUM time increment employees are permitted to take for these types of leave? Please respond in minutes OR hours OR days. [Enter zero (0) if the answer is "none".]

- 1 Minutes [RANGE: 0 – 59]
- 2 Hours [RANGE: 0 – 24]
- 3 Days [RANGE: 0 – 100]
- 9 REF

Q16x_5. Does this site provide full or partial pay during these types of leave? [We are only interested in wages provided by the employer, not any state assistance that may be provided.]

- 1 Yes, full
- 2 Yes, partial
- 3 No paid leave offered
- 4 Other, please specify _____ [DO NOT FORCE RESPONSE, HOWEVER DO FORCE SPECIFY IF RESPONSE IS SELECTED]
- 9 REF

Q16x_6a. How much TOTAL time does this site allow the employee to take leave in a year FOR THE CARE OF A MILITARY SERVICE MEMBER with a serious injury or illness? Please respond in hours OR days OR weeks OR months. [Enter zero (0) if the answer is "none".]

- 1 Hours [RANGE: 0 – 24]
- 2 Days [RANGE: 0 – 180]
- 3 Weeks [RANGE: 0 – 30]
- 4 Months [RANGE: 0 – 6]
- 9 REF

Q16x_6b. How much TOTAL time does this site allow the employee to take leave in a year FOR ANY OF THE OTHER TYPES OF LEAVES? [Do not include leave for the care of a military service member.] Please respond in hours OR days OR weeks OR months. [Enter zero (0) if the answer is "none".]

- 1 Hours [RANGE: 0 – 24]
- 2 Days [RANGE: 0 – 180]
- 3 Weeks [RANGE: 0 – 30]
- 4 Months [RANGE: 0 – 6]
- 9 REF

Q16x_7. Are the health benefits that an employee receives while employed continued during these types of leave?

- 1 Yes
- 2 No
- 3 No health benefits offered
- 9 REF

Q16x_8. Is there a guarantee for same or equivalent job upon return from these types of leave?

- 1 Yes
- 2 No
- 9 REF

Q17. In 1993, the Federal Family and Medical Leave Act, or FMLA was passed. It gives some employees in organizations of a certain size the right to take unpaid, job-guaranteed leave for various family and medical reasons. Does the FMLA apply to [WORK SITE FILL], does it not apply, or are you not sure if it applies? [HYPERLINK "Family and Medical Leave Act"]

- 1 Applies
- 2 Does not apply [GO TO Q58]
- 3 Not sure [GO TO Q58]
- 9 REF [GO TO Q58]

USE OF FAMILY AND MEDICAL LEAVE BY EMPLOYEES AT THIS COVERED LOCATION

Q18. Does your company process requests for FMLA internally, or do you utilize a third party for this? [HYPERLINK "FMLA", "third party"]

- 1 Internally
- 2 Outsource to a third party
- 3 Other
- 9 REF

Q19. [IF Q2.2=REF, SKIP TO Q19.1:] At the beginning, you told us that [WORK SITE FILL] has a total of [INSERT # OF EMPLOYEES FROM Q2 UNLESS Q2 = zero or REF then insert RANGE FROM Q2.2] employees. [From [FILL 12-MONTH PERIOD HERE]], how many of those employees took leave that you classified as being under FMLA? [HYPERLINK "FMLA"]
[Please enter zero (0) if the answer is "none".]

[Q19 MUST BE LESS THAN OR EQUAL TO Q2 UNLESS Q2= 0 or REF THEN MUST BE LESS THAN OR EQUAL TO HIGHER RANGE FROM Q2.2]

_____|_____|_____|_____|_____| [RANGE: 0-Q2 OR 0-HIGHER RANGE Q2.2]
99999 REF

Q19.1. [From [FILL 12-MONTH PERIOD HERE]], how many employees took leave that you classified as being under FMLA? [HYPERLINK "FMLA"]
[Please enter zero (0) if the answer is "none".]

_____|_____|_____|_____|_____| [RANGE: 0-10,000]
99999 REF

**IF [Q19=0 OR REF] OR [Q19.1=0 OR REF] SKIP TO Q27,
ELSE IF [Q19>0 OR Q19.1>0], GO TO Q20**

Q20. We just asked you about the total number of EMPLOYEES that have taken leave [from [INSERT 12-MONTH REFERENCE PERIOD]]. Can you please provide the total number of separate LEAVES taken in this same time period? A leave is time taken off for a single reason; this time could be taken all at once or intermittently over time.

[Q20 MUST BE GREATER THAN OR EQUAL TO Q19 OR Q19.1]

_____|_____|_____|_____|_____| [RANGE: Q19/Q19.1-10,000]
99999 REF

Q21. How many of the [FILL IN FROM Q19 OR Q19.1] employees took their leave on an intermittent basis? By intermittent, we mean taking leave a few hours or days at a time, on multiple occasions, but for the same reason.
[Please enter zero (0) if the answer is "none".]

[Q21 SHOULD BE LESS THAN OR EQUAL TO Q19 OR Q19.1]

_____[RANGE: 0-Q19/Q19.1]
99999 REF

[IF Q21=0 OR REF, SKIP TO Q22]

Q21a. How would you evaluate the ease or difficulty of administering intermittent leaves?

- 1 Very easy
- 2 Somewhat easy
- 3 Neither easy or difficult
- 4 Somewhat difficult
- 5 Very difficult
- 9 REF

[DO NOT DISPLAY QTIME REMINDER]

Q21b. Of the [FILL IN FROM Q20] FMLA granted LEAVE(S) taken during the last 12 months, what percent would you estimate were taken on an intermittent basis? [HYPERLINK "FMLA"]

- 1 None
- 2 1-5%
- 3 6-10%
- 4 11-15%
- 5 16-20%
- 6 21 to 50%
- 7 More than 50%
- 9 REF

Q22. What is your policy on intermittent leave for shift workers; do you permit the employee to rejoin mid-shift or do you require the employee to take the entire shift as leave?

- 1 Rejoin mid-shift
- 2 Require entire shift as leave
- 3 Depends on supervisor
- 4 This establishment does not have shift workers
- 9 REF

Q23. Did any of the [INSERT # OF EMPLOYEES FROM Q19 OR Q19.1] employees at [WORK SITE FILL] take leave under FMLA [from [INSERT 12-MONTH REFERENCE PERIOD]] and then choose NOT to return to work for you? [HYPERLINK "FMLA"]

- 1 Yes [GO TO Q24]
- 2 No [SKIP TO Q25]
- 9 REF [SKIP TO Q25]

Q24. How many employees chose not to return?
[Please enter zero (0) if the answer is "none".]

1 NUMBER [Q24 SHOULD BE LESS THAN OR EQUAL TO Q19 OR Q19.1]
2 PERCENT
|_|_|_|_|_| [RANGE: 0-Q19/Q19.1]
|_|_|_| PERCENT
99999 REF

Q25. About how many leaves taken under FMLA are given with notice from the employee that is consistent with your company's policies? [HYPERLINK "FMLA"]

1 All
2 Most
3 About half
4 Some
5 None
9 REF

Q26. How many medical certifications for FMLA leave did you accept as complete and sufficient [from [12-MONTH REFERENCE PERIOD]] at this location?

|_|_|_|_|_| [RANGE 0 – 10,000]
99999 REF

Q26a. How many medical certifications for FMLA leave were returned to the employee to provide additional information [from [12-MONTH REFERENCE PERIOD]] at this location?

|_|_|_|_|_| [RANGE 0 – 10,000]
99999 REF

IMPLEMENTATION OF FMLA – COVERED WORKSITES

Q27 INTRO. Now we would like to ask you about implementing FMLA. Let's start with denial of FMLA leave.

Q27. How many FMLA leave applications were denied [from [INSERT 12-MONTH REFERENCE PERIOD]] for ANY reason? [HYPERLINK "FMLA"]

- 1 All
- 2 Most
- 3 Some
- 4 None
- 9 REF

**IF Q27 = 4/9, SKIP TO Q34,
ELSE IF Q27 <4, GO TO Q28**

Q28. [From [INSERT 12-MONTH REFERENCE PERIOD]], have any eligible employees at [WORK SITE FILL] been denied Family and Medical Leave because they used their entire time allotment covered by FMLA? [HYPERLINK "eligible employees" AND "entire time allotment" AND "FMLA"]

- 1 Yes, all employees
- 2 Yes, most employees
- 3 Yes, some employees
- 4 No, no employees
- 9 REF

Q30. [From [INSERT 12-MONTH REFERENCE PERIOD]], have any eligible employees been denied Family and Medical Leave because FMLA did not cover the reason for their leave? [HYPERLINK "eligible employees" AND "FMLA"]

- 1 All
- 2 Most
- 3 Some
- 4 None
- 9 REF

Q32. [From [INSERT 12-MONTH REFERENCE PERIOD]] have any eligible employees been denied Family and Medical Leave because they did not meet your establishment's notice requirements?

- 1 All
- 2 Most
- 3 Some
- 4 None
- 9 REF

Q34 NTRO. Now we have a few questions about conditions for taking leave and for returning to work.

Q34. How often do you require medical certification for employees that request FMLA leave?
[HYPERLINK “FMLA”]

- 1 Always
- 2 Most of the time
- 3 Half the time
- 4 Sometimes
- 5 Never [GO TO INTRO BEFORE Q40]
- 9 REF

Q35. Does your establishment contact employees’ health care providers as part of the certification process?

- 1 Yes [GO TO Q36]
- 2 No [SKIP TQ37]
- 3 Depends [GO TO Q36]
- 9 REF [SKIP TQ37]

Q36. Who makes contact with employees’ health care providers on behalf of your establishment?

- 1 A third-party verification company
- 2 HR personnel
- 3 Manager
- 4 Employees’ direct supervisor
- 5 Someone else, please specify: _____
- 9 REF

Q37. The FMLA generally permits employers to request re-certification of long term serious health conditions. How often do you require re-certification? [HYPERLINK “serious health conditions” AND “FMLA”]

- 1 Less frequently than every 6 months
- 2 Every 6 months
- 3 More frequently than every 6 months
- 5 Never
- 9 REF

Q38. Under certain circumstances, the FMLA permits employers to request “fitness for duty” certification before an employee who has been on FMLA leave because of his or her own serious health condition can return to work. How often do you require a fitness for duty certification? [HYPERLINK “serious health condition” AND “FMLA”]

- 1 Always
- 2 Most of the time
- 3 Half the time
- 4 Sometimes
- 5 Never
- 9 REF

Q39. Who pays for each of the following types of certification visits? Please select all that apply for each type of certification visit.

[INSERT GRID – ROWS]

- A. Initial medical certification
- B. Re-certification
- C. Second or third certifications
- D. Fitness for duty certification
- E. Insufficient certification correction

[COLUMNS]

- 1 Establishment/employer
- 2 Employee
- 3 Employee’s insurance
- 4 Other source
- 9 REF

Q40 INTRO. The next few questions are about employee misuse of FMLA.

[ASK Q40 IF Q20>1. IF Q20=1 THEN SKIP TO Q40a. IF Q20=0/REF/SKIPPED DUE TO LOGIC THEN SKIP TO Q42.]

Q40. You told me that approximately [INSERT # FROM Q20] leaves were taken over the 12-month reporting period. How many of these leaves do you suspect were misused?

[HYPERLINK “FMLA”]

[Please enter zero (0) if the answer is "none".]

_____[RANGE: 0 – Q20] [IF 0 SKIP TO Q42]
 99999 REF [SKIP TO Q42]

[ASK Q40A and Q41 ONLY IF Q20=1, otherwise skip to Q42]

Q40a. You told me that 1 leave was taken over the 12-month reporting period. Do you suspect this leave was misused? [HYPERLINK “FMLA”]

- 1 Yes
- 2 No [SKIP TO Q42]
- 9 REF [SKIP TO Q42]

Q41. Why did you suspect this misuse? [SELECT ALL THAT APPLY] [RANDOMIZE LIST]

- 1 Predictable leave pattern (around weekends, holidays, days off, etc.)
- 2 Used leave to cover tardiness
- 3 Used common excuses/doubting the reason for leave (migraines, back pain, etc.)
- 4 Doubting the validity of a certification (heard information to the contrary, seen employee elsewhere performing allegedly restricted activity, etc.)
- 5 Frequent leave with short or no advance notice provided or intermittent leave in general
- 6 Past experience with employee (previous attendance problems, suspected of lying, past misuse, etc.)
- 7 Some other reason not listed, please specify: _____
- 9 REF

Q42. Have you ever confirmed an employee's misuse of FMLA AT THIS LOCATION?
[HYPERLINK "FMLA"]

- 1 Yes [GO TO Q43]
- 2 No [GO TO Q44]
- 9 REF [GO TO Q44]

[ASK Q43 IF Q42=1 ELSE SKIP TO Q44]

Q43. What disciplinary action was taken for the most recent case of FMLA misuse?
[HYPERLINK "FMLA"]

[INSERT GRID – ROWS –RANDOMIZE]

- A. The absence counted against the employee on your point system
- B. The employee given a verbal warning/disciplinary notice
- C. The employee given a written warning/disciplinary notice
- D. The employee suspended
- E. The employee terminated
- F. Other, please specify _____ [DO NOT FORCE RESPONSE TO F, HOWEVER DO FORCE SPECIFY IF A RESPONSE IS SELECTED FOR F]

[COLUMNS – ALLOW ONE PER ROW]

- 1 Yes
- 2 No
- 9 REF

Next, we will ask a few additional questions about your organization as a whole...

Q44. Are employees at [WORK SITE FILL] who are eligible for FMLA leave...? [HYPERLINK "FMLA"]

[INSERT GRID – ROWS –RANDOMIZE]

- A. Provided with written guidance on how the Act is coordinated with existing leave and benefits policies?
- B. Provided with written notice of how much of the leave taken was counted as FMLA leave? [HYPERLINK "FMLA"]
- C. Required to use their paid leave before taking unpaid leave?
- D. Ever offered alternative work arrangements instead of leave?

[COLUMNS – ALLOW ONE PER ROW]

- 1 Yes
- 2 No
- 3 Depends on circumstances
- 9 REF

Q45. In your entire organization, what types of employees do you consider to be eligible for FMLA leave? [SELECT ALL THAT APPLY] [HYPERLINK "FMLA"]

- 1 Senior managers/Professional staff
- 2 Staff who have worked at least a certain number of hours at the company
- 3 Hourly staff
- 4 None of these [GO TO Q47]
- 9 REF [GO TO Q47]

Q46. Some employees are not eligible for FMLA leave for various reasons, such as the number of hours or months they have worked. Do you offer the same family and medical leave benefits to employees who are NOT eligible for FMLA because of their employee type or class, that is because they are...? [HYPERLINK "FMLA"]

[INSERT GRID – ROWS]

[FILL FROM Q45]

[COLUMNS – ALLOW ONE PER ROW]

- 1 Yes
- 2 No
- 9 REF

Q47. From which of the following sources do you get information on FMLA? [SELECT ALL THAT APPLY] [RANDOMIZE, ITEM 8 & 9 ALWAYS LAST] [HYPERLINK "FMLA"]
[PUNCH 9, 99 = SINGLE PUNCH]

- 1 The U.S. Department of Labor
- 2 The media
- 3 A trade or business group
- 4 An attorney or consultant
- 5 A union
- 6 Your employees
- 7 Existing company policies or procedures
- 8 Some other source
- 9 Do not use any source
- 99 REF

Q48. Which of the following methods, if any, do you use to inform employees of their rights under FMLA? [SELECT ALL THAT APPLY] [RANDOMIZE, ITEM 7&8 ALWAYS LAST] [HYPERLINK "FMLA"]
[PUNCH 8, 99 = SINGLE PUNCH]

- 1 Employee handbook
- 2 Notice on bulletin board
- 3 Memos
- 4 Computer network, Intranet or Email
- 5 Oral notification
- 6 Employee orientation and/or other meetings with employees
- 7 Some other method _____
- 8 Do not inform employees of their rights
- 99 REF

Q49 INTRO. Now, a few questions on the possible effects of FMLA on your organization.

Q49. [DO NOT DISPLAY QTIME REMINDER]
Over the years, has complying with the FMLA increased, decreased, or not changed the following? [HYPERLINK "FMLA"]

[INSERT GRID – ROWS –RANDOMIZE, ASK D,E LAST]

- A. Administrative costs
- B. Cost of continuing benefits such as health plans during leave
- C. Hiring/training costs
- D. Other costs, please specify: _____ [DO NOT FORCE RESPONSE TO D, HOWEVER DO FORCE SPECIFY IF A RESPONSE IS SELECTED FOR D]
- E. Other costs, please specify: _____ [DO NOT FORCE RESPONSE TO E, HOWEVER DO FORCE SPECIFY IF A RESPONSE IS SELECTED FOR E]

[COLUMNS – ALLOW ONE PER ROW]

- 1 Yes, increased
- 2 Yes, decreased
- 3 Not changed
- 9 REF

Q50. How easy or difficult are each of the following activities for your organization?

[INSERT GRID – ROWS –RANDOMIZE]

- A. Coordinating state and federal leave policies
- B. Coordinating the Act with other federal laws
- C. Coordinating the Act with other leave policies
- D. Coordinating the Act with employee attendance policies
- E. [DISPLAY ITEM E IF (Q6>0 EXCEPT REF) OR (Q6A=1)] Coordinating the Act with your Collective Bargaining Agreement
- F. Administering FMLA’s notification, designation, and certification requirements [HYPERLINK “FMLA”]
- G. Determining if a health condition is a serious health condition under FMLA [HYPERLINK “serious health condition” AND “FMLA”]

[COLUMNS – ALLOW ONE PER ROW]

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Very difficult
- 5 Not applicable
- 9 REF

Q51. The FMLA contains several provisions designed to assist in managing employees’ use of FMLA leave. How helpful have the following provisions been in administering the FMLA at [WORK SITE FILL]? [HYPERLINK “FMLA”]

[INSERT GRID – ROWS –RANDOMIZE]

- A. The exception for highly paid key employees
- B. Medical certifications for a serious health condition [HYPERLINK “serious health condition”]
- C. Second and third medical opinions
- D. Advance notice of foreseeable leave
- E. Transfer to an alternative position
- F. Medical re-certification
- G. The fitness for duty certification for employees
- H. Certification of leave for a reason related to the deployment of a military service member
- I. Certification of a serious injury or illness of a military service member

[COLUMNS – ALLOW ONE PER ROW]

- 1 Very helpful
- 2 Somewhat helpful
- 3 Neither helpful nor unhelpful
- 4 Somewhat unhelpful
- 5 Very unhelpful
- 6 Not applicable
- 9 REF

Q52. In general, how easy or difficult has it been for this location to comply with FMLA? [HYPERLINK "FMLA"]

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Very difficult
- 5 No noticeable effect
- 9 REF

Q53. Has complying with FMLA resulted in any cost savings at this location, for example, fewer training costs as a result of reduced employee turnover? [HYPERLINK "FMLA"]

- 1 Yes
- 2 No
- 9 REF

[ASK Q54-55 IF Q21> 0 AND NOT REF/SKIPPED, ELSE SKIP TO Q56]

Q54. FMLA allows employees to take intermittent leave. Has leave taken on an intermittent basis had an impact, either positive or negative, on this location's productivity? [HYPERLINK "FMLA"]

- 1 Yes [GO TO Q54a]
- 2 No [SKIP TO Q55]
- 9 REF [SKIP TO Q55]

[ASK Q54a IF Q54= 1]

Q54a. Has this impact on productivity been positive or negative?

- 1 Positive
- 2 Negative
- 3 Some positive some negative
- 9 REF

[ASK Q54b IF Q54= 1]

Q54b. Would you say this impact on productivity has been small, moderate or large?

- 1 SMALL
- 2 MODERATE
- 3 LARGE
- 9 REF

Q55. Has leave taken on an intermittent basis had an impact, either positive or negative, on this location's profitability?

- 1 Yes [GO TO Q55a]
- 2 No [SKIP TO Q56]
- 9 REF [SKIP TO Q56]

[ASK Q55A IF Q55= 1]

Q55a. Has this impact on profitability been positive or negative?

- 1 Positive
- 2 Negative
- 3 Some positive some negative
- 9 REF

[ASK Q55B IF Q55= 1]

Q55b. Would you say this impact on profitability has been small, moderate or large?

- 1 SMALL
- 2 MODERATE
- 3 LARGE
- 9 REF

Q56. Thinking about employee productivity, absenteeism, turnover, career advancement and morale, as well as the business' profitability, what effect has complying with FMLA had on this location? [[HYPERLINK "FMLA"](#)]

- 1 Very positive
- 2 Somewhat positive
- 3 Somewhat negative
- 4 Very negative
- 5 No noticeable effect
- 9 REF

FMLA NON-COVERED WORKSITES

[ASK Q58 – 60 IF Q17 = 2,3, or REF, ELSE SKIP TO Q61x]

Q58. [From [INSERT 12-MONTH REFERENCE PERIOD]], how many employees at [WORK SITE FILL] have taken leave for family reasons or a serious health condition lasting more than 3 days? [HYPERLINK “serious health condition”]

[Please enter zero (0) if the answer is "none".]

[Q58 SHOULD BE LESS THAN OR EQUAL TO Q2 UNLESS Q2=0 or REF THEN SHOULD BE LESS THAN OR EQUAL TO HIGHER RANGE Q2.2, IF Q2.2=REF THEN RANGE=0-10,000]

|_|_|_|_|_|_|_| [RANGE: 0-Q2 OR 0-HIGHER RANGE Q2.2 OR 0-10,000]
99999 REF

[IF Q58 = 0/REF SKIP TO Q61x ELSE ASK Q59 and Q60]

Q59. How many of these employees took leave to care for a military service member with a serious injury or illness because they were the service member's spouse, son, daughter, parent or next of kin?

[Please enter zero (0) if the answer is "none".]

|_|_|_|_|_|_|_| [RANGE: 0-Q58]
99999 REF

Q60. How many of these employees took leave for reasons related to the deployment of a spouse, son, daughter, or parent who is a military service member?

[Please enter zero (0) if the answer is "none".]

|_|_|_|_|_|_|_| [RANGE: 0-Q58]
99999 REF

ALL WORKSITES FMLA COVERED AND NON-COVERED

Now we'll list some ways that your organization may cover work when employees take leave for a week or longer, for a scheduled DAY or less, and for an unscheduled DAY or less.

Q61X. To cover work when employees take leave, do you ever [A-G]...?

- A. assign work temporarily to other employees
- B. hire a temporary replacement
- C. call-in an employee on vacation
- D. hire a permanent replacement
- E. put the work on hold until the employee returns from leave
- F. have the employee perform some work while on leave
- G. cover work some other way (SPECIFY) _____

- 1 Yes
- 2 Depends
- 3 No

- 9 REF (VOL)

[IF Q61X=1 OR 2, ASK Q61AX RIGHT AFTER, THEN GO BACK TO Q61X FOR THE NEXT ITEM. IF Q61X=3/9, GO TO NEXT ITEM. IF ALL Q61X=3/9, GO TO Q67]

Q61aX. Do you [A-G] when employees take...?

- A. leave for a week or longer
- B. scheduled leave for a day or less
- C. unscheduled leave for a day or less
- D. some other leave circumstance (SPECIFY) _____

- 1 Yes
- 2 No
- 9 REF (VOL)

Q61bX. Which of these ways does your organization use MOST FREQUENTLY to cover work when employees take leave for a WEEK or longer?

[DISPLAY WAYS TO COVER LEAVE FROM Q61X, THAT ARE USED WHEN EMPLOYEE TAKES LEAVE FOR A WEEK OR LONGER (WHERE Q61aA=1). IF Q61aA=1 FOR ONLY ONE WAY FROM Q61X, THEN AUTOPUNCH AND GO TO Q67.]

Q67. How easy or difficult is it for your company to deal with the following types of leaves?

[INSERT GRID – ROWS]

- A. Planned long term leave for a family or medical reason
- B. Planned short term leave
- C. Planned episodic or intermittent leave [HYPERLINK “episodic”]
- D. Unplanned episodic or intermittent leave [HYPERLINK “episodic”]
- E. Unscheduled leave of any duration

[COLUMNS – ALLOW ONE PER ROW]

- 1 Very Easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Very difficult
- 9 REF

Q68. Do you have specific computer software or a person in human resources that tracks use of family and medical leave?

- 1 Computer software
 - 2 Designated person in human resources
 - 3 Both computer software and designated HR person
 - 4 Other method of tracking FMLA leave, please specify: _____
- [HYPERLINK “FMLA”]
- 5 Do not track family and medical leave
 - 9 REF

QEND. [BANNER HEADING] FEDERAL FAMILY AND MEDICAL LEAVE ACT (FMLA)

Thank you for your assistance. We greatly appreciate your time and consideration.

Please note that you may receive a follow-up phone call from an Abt SRBI representative for quality control purposes only.

IF YOU HAVE ANY QUESTIONS OR WOULD LIKE TO TALK MORE ABOUT THIS RESEARCH PLEASE CALL 1-XXX-XXX-XXXX AND REFER TO STUDY “XXXX”.

[VERSION 2 ONLY: INTERVIEWER: GO BACK TO CATI AND DISPO CALL AS 1. COMPLETE [PROG: ADD LINK BACK TO LOGIN SCREEN HERE]

QEND2. [DISPLAY IF RESPONDENT HAS ALREADY COMPLETED THE SURVEY AND TRIES TO RE-ACCESS IT AT A LATER TIME]

[BANNER HEADING] FEDERAL FAMILY AND MEDICAL LEAVE ACT (FMLA)

Your questionnaire is complete and entry to your survey is now closed.

To regain access to your survey, please call 1-XXX-XXX-XXXX or email XXXX@SRBI.com and we will be happy to re-activate your survey for you.

SCREENOUT TEXT FOR VERSION 2 ONLY:

SCREENOUT TEXT IF Q1.1 = 1 (YES): "INTERVIEWER: GO BACK TO CATI AND DISPO CALL AS: 6-SCREENOUT Q1.1 = 1"

SCREENOUT TEXT IF Q2.1 = 1 (YES): "INTERVIEWER: GO BACK TO CATI AND DISPO CALL AS: 7- SCREENOUT Q2.1 = 1"

VERSION 2 ONLY: EACH SCREEN SHOULD HAVE A "TERMINATE CALL" BUTTON ON THE TOP RIGHT HAND CORNER OF THE SCREEN. (EXCEPTION: DO NOT ADD TO QEND)

If interviewer selects "TERMINATE CALL" the following CATI instruction screen should come up:

INTERVIEWER: GO BACK TO CATI AND DISPO CALL AS CALLBACK/SOFT REFUSAL/HARD REFUSAL [PROG: ADD LINK BACK TO LOGIN SCREEN HERE]

[PROGRAMMING: IF CALLBACK/SOFT REFUSAL/HARD REFUSAL – SURVEY SHOULD START BACK UP AT THE QUESTION WHERE INTERVIEWER PRESSED 'TERMINATE CALL' BUTTON, NOT AT CATI INSTRUCTION SCREEN.]

Appendix C: Changes in the Questionnaire

C.1 Changes Made to the Worksite Survey

2000 Question Number, in Original Order	Question Text	Response Categories	Disposition	2012 Question Number	Notes
S1	Have I reached (NAME OF BUSINESS)?	YES (PRIMARY NAME MATCH) YES (SECONDARY NAME MATCH) BUSINESS CHANGED NAME NO, ANOTHER BUSINESS RESIDENCE ONLY (NOT A BUSINESS) REFUSED DON'T KNOW	KEPT	S1	
S2	What is the name of your business?	Free text RESIDENCE ONLY (NOT A BUSINESS) REFUSED DON'T KNOW	KEPT	S2	
S3	Is this business the same as (NAME OF BUSINESS ON RIS)?	YES NO REFUSED DON'T KNOW	KEPT	S3	
S4	Are you located at (ADDRESS ON RIS)? [IF YES AND P.O. BOX, OBTAIN STREET ADDRESS AND NOTE ON RIS. VERIFY SPELLING OF ADDRESS.]	YES NO REFUSED DON'T KNOW	KEPT	S4	
S5	Are you located at (ADDRESS ON RIS)? [IF YES AND P.O. BOX, OBTAIN STREET ADDRESS AND NOTE ON RIS.]	YES DON'T KNOW	KEPT	S5	
S6	Do you know what happened to (NAME OF BUSINESS ON RIS)?	YES, IT CLOSED/OUT OF BUSINESS YES, IT MOVED YES, SOMETHING ELSE NO/DON'T KNOW REFUSED	KEPT	S6	
S7	Do you know anything about (NAME OF BUSINESS ON RIS) at (ADDRESS ON RIS)?	YES, IT CLOSED/OUT OF BUSINESS YES, IT MOVED YES, SOMETHING ELSE NO/DON'T KNOW REFUSED	KEPT	S7	

2000 Question Number, in Original Order	Question Text	Response Categories	Disposition	2012 Question Number	Notes
S8	Are you located at (ADDRESS ON RIS)?	YES DON'T KNOW	KEPT	S8	
S9	Do you know what happened to (NAME OF BUSINESS ON RIS)?		KEPT	S9	
S10	Do you know the phone number or address of (NAME OF BUSINESS ON RIS)?	YES	KEPT	S10	
S11	What is the phone number or address of (NAME OF BUSINESS ON RIS)? [VERIFY PHONE NUMBER AND SPELLING OF ADDRESS.]	free text	KEPT	S11	
S12	Does (NAME OF BUSINESS ON RIS) have an office at (ADDRESS OF BUSINESS ON RIS)?	YES DON'T KNOW	KEPT	S12	
S13	Can you give me the telephone number (IF MOVED: ASK "and address") for that location? [VERIFY PHONE NUMBER AND SPELLING OF ADDRESS.]	YES DON'T KNOW	KEPT	S13	
S14a	Are you a government organization at the federal, state, or local level?	YES NO REFUSED DON'T KNOW	KEPT	S14	
S14b	Are you a public school, public university or post office?	YES NO REFUSED DON'T KNOW	KEPT	S15	
S15a	We would like to send some information regarding this study to your company. Could I please have the name, address, telephone number and fax number of your human resources director or the person responsible for your company's benefit plans for (LOCATION ON RIS). [VERIFY SPELLING OF NAME, ADDRESS, PHONE NUMBER AND FAX NUMBER.]	free text	KEPT BUT CHANGED	S16	Revised language: replaced "fax number" with "email address"; added "plans and/or responsible for compliance with federal employment laws" before (LOCATION ON RIS)
S15b	And if I could just verify the spelling of the business name. Is it (READ SPELLING AS IT APPEARS ON RIS)?	free text	KEPT	S17	
S16	To verify that I have spoken to someone at this company, may I please get your name?	free text	KEPT	S18	

2000 Question Number, in Original Order	Question Text	Response Categories	Disposition	2012 Question Number	Notes
S17	INTERVIEWER: IS THIS PERSON LOCATED AT THE SAME ADDRESS ON RIS?	YES NO	KEPT	S19	
	Are you a public school, public university or post office?	YES NO DK REFUSED	NEW	S15	
	To the best of your knowledge, does your organization maintain records of employee use of leave under the Family and Medical Leave Act, also known as FMLA leave? The FMLA gives some employees in organizations of a certain size the right to take unpaid, job-guaranteed leave for various family and medical reasons.	YES NO DK REFUSED	NEW	S20	
	And does your company process requests for FMLA internally, or do you utilize a third party for this? (IF NECESSARY: do you hire another company to administer the requests for FMLA, or do you do this yourselves?)	Internally Outsource Other DK REFUSED	NEW	S21	
Q1	How many employees are currently on the payroll at {LOCATION ADDRESS}?	Free Text	KEPT BUT CHANGED	Q1	Revised question wording
Q2	How many of your employees at this location are female?	Free Text NUMBER PERCENT	KEPT	Q7	
Q3	How many of your employees at this location are unionized?	Free Text NUMBER PERCENT	KEPT	Q6	
Q4	How many of your employees at this location worked at least 1,250 hours for your organization in the past 12 months?	Free Text NUMBER PERCENT	KEPT BUT CHANGED	Q9	Revised question wording
Q5	Are there people who work for your organization at other locations? (IF NO, PROBE: "So you have no other locations?")	YES NO	DROPPED		
Q5a	Does your organization have other work sites within 75 miles of this location?	YES NO	DROPPED		

2000 Question Number, in Original Order	Question Text	Response Categories	Disposition	2012 Question Number	Notes
Q5b	INCLUDING THIS LOCATION, how many people are employed, in total, at sites within 75 miles? Would you say...	Fewer than 25, 25 to 49, 50 to 99, 100 to 249 250 to 499, or 500 or more?	KEPT BUT CHANGED	Q3	Revised question wording; free text instead of response categories
Q6 INTRO	For employees at this location, please tell me whether your organization's policies designate up to 12 weeks of leave for the following reasons.		KEPT BUT CHANGED	Q16X	Revised question wording
Q6A1	Is up to 12 weeks of leave available for parents, including fathers as well as mothers, to care for a newborn?	YES NO DEPENDS ON CIRCUMSTANCES	KEPT BUT CHANGED	Q16A	Revised question wording and combined into NEW Q16 series.
Q6A2	Are health benefits continued during leave (for parents, including fathers as well as mothers, to care for a newborn)?	YES NO DEPENDS ON CIRCUMSTANCES DON'T OFFER HEALTH BENEFITS	KEPT BUT CHANGED	Q16X_7	Revised question wording (to ask about all types of leaves) and asked depending on answers to Q16.
Q6A3	Are employees guaranteed the same or equivalent job upon return (for parents, including fathers as well as mothers, to care for a newborn)?	YES NO DEPENDS ON CIRCUMSTANCES	KEPT BUT CHANGED	Q16X_8	Revised question wording (to ask about all types of leaves) and asked depending on answers to Q16.
Q6B1	Is up to 12 weeks of leave available for mothers and fathers for adoption or foster care placement?	YES NO DEPENDS ON CIRCUMSTANCES	KEPT BUT CHANGED	Q16B	Combined into NEW Q16 series.
Q6B2	Are health benefits continued during leave (for mothers and fathers for adoption or foster care placement)?	YES NO DEPENDS ON CIRCUMSTANCES DON'T OFFER HEALTH BENEFITS	KEPT BUT CHANGED	Q16X_7	Revised question wording (to ask about all types of leaves) and asked depending on answers to Q16.
Q6B3	Are employees guaranteed the same or equivalent job upon return (for mothers and fathers for adoption or foster care placement)?	YES NO DEPENDS ON CIRCUMSTANCES	KEPT BUT CHANGED	Q16X_8	Revised question wording (to ask about all types of leaves) and asked depending on answers to Q16.
Q6C1	Is up to 12 weeks of leave available for an employee's own serious health condition other than maternity-related reasons? (IF NECESSARY: "This includes workman's compensation.")	YES NO DEPENDS ON CIRCUMSTANCES	KEPT BUT CHANGED	Q16C	Combined into NEW Q16 series.

2000 Question Number, in Original Order	Question Text	Response Categories	Disposition	2012 Question Number	Notes
Q6C2	Are health benefits continued during leave (for an employee's own serious health condition other than maternity-related reasons)?	YES NO DEPENDS ON CIRCUMSTANCES DON'T OFFER HEALTH BENEFITS	KEPT BUT CHANGED	Q16X_7	Revised question wording (to ask about all types of leaves) and asked depending on answers to Q16.
Q6C3	Are employees guaranteed the same or equivalent job upon return (for an employee's own serious health condition other than maternity-related reasons)?	YES NO DEPENDS ON CIRCUMSTANCES	KEPT BUT CHANGED	Q16X_8	Revised question wording (to ask about all types of leaves) and asked depending on answers to Q16.
Q6D1	Is up to 12 weeks of leave available for mothers for maternity-related reasons?	YES NO DEPENDS ON CIRCUMSTANCES	KEPT BUT CHANGED	Q16D	Revised question wording and combined into NEW Q16 series.
Q6D2	Are health benefits continued during leave (for mothers for maternity-related reasons)?	YES NO DEPENDS ON CIRCUMSTANCES DON'T OFFER HEALTH BENEFITS	KEPT BUT CHANGED	Q16X_7	Revised question wording (to ask about all types of leaves) and asked depending on answers to Q16.
Q6D3	Are employees guaranteed the same or equivalent job upon return (for mothers for maternity-related reasons)?	YES NO DEPENDS ON CIRCUMSTANCES	KEPT BUT CHANGED	Q16X_8	Revised question wording (to ask about all types of leaves) and asked depending on answers to Q16.
Q6E1	Is up to 12 weeks of leave available for the care of a child, spouse, or parent with a serious health condition?	YES NO DEPENDS ON CIRCUMSTANCES	KEPT BUT CHANGED	Q16E	Combined into NEW Q16 series.
Q6E2	Are health benefits continued during leave (for the care of a child, spouse, or parent with a serious health condition)?	YES NO DEPENDS ON CIRCUMSTANCES DON'T OFFER HEALTH BENEFITS	KEPT BUT CHANGED	Q16X_7	Revised question wording (to ask about all types of leaves) and asked depending on answers to Q16.
Q6E3	Are employees guaranteed the same or equivalent job upon return (for the care of a child, spouse, or parent with a serious health condition)?	YES NO DEPENDS ON CIRCUMSTANCES	KEPT BUT CHANGED	Q16X_8	Revised question wording (to ask about all types of leaves) and asked depending on answers to Q16.
Q7	We just asked you about your leave policies when an employee or the employee's family member has a serious health condition. How did you define a serious health condition when you told us about your leave policies?	Free Text	DROPPED		
Q8	At this location, does your organization provide...		DROPPED		

2000 Question Number, in Original Order	Question Text	Response Categories	Disposition	2012 Question Number	Notes
Q8A	Job-guaranteed leave for more than 12 weeks a year?	YES NO DEPENDS ON CIRCUMSTANCES	DROPPED		
Q8B	Job-guaranteed leave to employees who have worked for your organization less than 12 months?	YES NO DEPENDS ON CIRCUMSTANCES	DROPPED		
Q8C	Job-guaranteed leave to employees who have worked for you less than 1,250 hours in the previous year?	YES NO DEPENDS ON CIRCUMSTANCES	DROPPED		
Q9	Are employees at this location provided any...		KEPT BUT CHANGED	Q11	Revised question wording and new additional categories. D. Paid maternity leave E. Paid paternity leave F. Paid time off G. "Flex Time"
Q9A	A. Paid sick leave?	YES NO DEPENDS ON CIRCUMSTANCES	KEPT BUT CHANGED	Q11A	Revised response categories
Q9B	B. Paid disability leave?	YES NO DEPENDS ON CIRCUMSTANCES	KEPT BUT CHANGED	Q11B	Revised response categories
Q9C	C. Paid vacation?	YES NO DEPENDS ON CIRCUMSTANCES	KEPT BUT CHANGED	Q11C	Revised response categories
Q9D	D. Any other paid time off, excluding holidays?	YES NO DEPENDS ON CIRCUMSTANCES	KEPT BUT CHANGED	Q11H	Revised response categories: 1. All 2. Most 3. Some 4. None 8. DK (VOL) 9. REF (VOL)

2000 Question Number, in Original Order	Question Text	Response Categories	Disposition	2012 Question Number	Notes
Q10 INTRO	We just asked if you provided certain kinds of paid leave. Now, we would like to know if you provide any leave to employees at this location at full pay or partial pay for particular circumstances. (IF Q9C =1 DISPLAY: "Please do not include any vacation leave that employees may receive.")		COMBINED		
A10A	Are parents, including fathers as well as mothers provided leave at full pay to care for a newborn?	YES NO DEPENDS ON CIRCUMSTANCES	COMBINED	Q16X_5	Old A10A and A10AA combined into NEW Q16X_5; Response categories change: 1. Yes, full 2. Yes, partial 3. No paid leave offered
A10AA	Is there any leave at partial pay for parents, including fathers as well as mothers, to care for a newborn?	YES NO DEPENDS ON CIRCUMSTANCES	COMBINED	Q16X_5	Old A10A and A10AA combined into NEW Q16X_5; Response categories change: 1. Yes, full 2. Yes, partial 3. No paid leave offered
A10B	Are mothers and fathers provided leave at full pay for adoption or foster care placement	YES NO DEPENDS ON CIRCUMSTANCES	COMBINED	Q16X_5	Old A10B and A10BB combined into NEW Q16X_5; Response categories change: 1. Yes, full 2. Yes, partial 3. No paid leave offered
A10BB	Is there any leave at partial pay for mothers and fathers for adoption or foster care placement?	YES NO DEPENDS ON CIRCUMSTANCES	COMBINED	Q16X_5	Old A10B and A10BB combined into NEW Q16X_5; Response categories change: 1. Yes, full 2. Yes, partial 3. No paid leave offered

2000 Question Number, in Original Order	Question Text	Response Categories	Disposition	2012 Question Number	Notes
A10C	Are employees provided leave at full pay for their own serious health condition other than maternity-related reasons?	YES NO DEPENDS ON CIRCUMSTANCES	COMBINED	Q16X_5	Old A10C and A10CC combined into NEW Q16X_5; Response categories change: 1. Yes, full 2. Yes, partial 3. No paid leave offered
A10CC	Is there any leave at partial pay for employee's own serious health condition other than maternity-related reasons?	YES NO DEPENDS ON CIRCUMSTANCES	COMBINED	Q16X_5	Old A10C and A10CC combined into NEW Q16X_5; Response categories change: 1. Yes, full 2. Yes, partial 3. No paid leave offered
A10D	Are mothers provided leave at full pay for maternity-related reasons?	YES NO DEPENDS ON CIRCUMSTANCES	COMBINED	Q16X_5	Old A10D and A10DD combined into NEW Q16X_5; Response categories change: 1. Yes, full 2. Yes, partial 3. No paid leave offered
A10DD	Is there any leave at partial pay for mothers for maternity-related reasons?	YES NO DEPENDS ON CIRCUMSTANCES	COMBINED	Q16X_5	Old A10D and A10DD combined into NEW Q16X_5; Response categories change: 1. Yes, full 2. Yes, partial 3. No paid leave offered
A10E	Are employees provided leave at full pay to care for a child, spouse, or parent with a serious health condition?	YES NO DEPENDS ON CIRCUMSTANCES	COMBINED	Q16X_5	Old A10E and A10EE combined into NEW Q16X_5; Response categories change: 1. Yes, full 2. Yes, partial 3. No paid leave offered

2000 Question Number, in Original Order	Question Text	Response Categories	Disposition	2012 Question Number	Notes
A10EE	Is there any leave at partial pay for care of a child, spouse, or parent for a serious health condition?	YES NO DEPENDS ON CIRCUMSTANCES	COMBINED	Q16X_5	Old A10E and A10EE combined into NEW Q16X_5; Response categories change: 1. Yes, full 2. Yes, partial 3. No paid leave offered
Q11	When employees at this location take leave, does your organization:		DROPPED		
Q11A	A. Continue its contributions to a pension or retirement plan?	YES NO DEPENDS ON CIRCUMSTANCES DOES NOT APPLY	DROPPED		
Q11B	B. Continue its contributions to life or disability insurance?	YES NO DEPENDS ON CIRCUMSTANCES DOES NOT APPLY	DROPPED		
Q12	Are employees at this location offered the following benefits?		DROPPED		
Q12A	A. Child care assistance, such as day care, or dependent care spending accounts	YES NO DEPENDS ON CIRCUMSTANCES	DROPPED		
Q12B	B. Elder care assistance	YES NO DEPENDS ON CIRCUMSTANCES	DROPPED		
Q12C	C. Flexible work schedules	YES NO DEPENDS ON CIRCUMSTANCES	DROPPED		
Q12D	D. Employee assistance program	YES NO DEPENDS ON CIRCUMSTANCES	DROPPED		
Q12E	E. Adoption assistance	YES NO DEPENDS ON CIRCUMSTANCES	DROPPED		

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Q12F	F. Workplace provisions for lactation	YES NO DEPENDS ON CIRCUMSTANCES	DROPPED		
Q13A	Does this location allow employees to take leave for attending school meetings or activities?	YES NO DEPENDS ON CIRCUMSTANCES	KEPT BUT CHANGED	Q14A	Revised question wording; Revised response categories: 1. All 2. Most 3. Some 4. None
Q13A1	Is this leave separate from the employee's sick leave, vacation or personal days?	YES NO DOES NOT APPLY	DROPPED		
Q13B	Does this location allow employees to take leave for getting routine medical appointments for self and family?	YES NO DEPENDS ON CIRCUMSTANCES	KEPT BUT CHANGED	Q14C	Revised question wording; Revised response categories: 1. All 2. Most 3. Some 4. None
Q13B1	Is this leave separate from the employee's sick leave, vacation or personal days?	YES NO DOES NOT APPLY	DROPPED		
Q14	Are your family and medical leave policies determined at the...	Corporate level, By each location, Or both? SOME OTHER WAY (SPECIFY) _____ 91	DROPPED		
Q15	Is this location in a state, county, or city that has its own family and medical leave law? (IF NECESSARY: This includes adding provisions to the Federal Family and Medical Leave Act.)	YES NO	DROPPED		
Q15A	Does it apply to your organization at this location?	YES NO	DROPPED		

2000 Question Number, in Original Order	Question Text	Response Categories	Disposition	2012 Question Number	Notes
Q16	In 1993, the Federal Family and Medical Leave Act was passed. It gives employees in certain organizations the right to take up to 12 weeks of unpaid, job-guaranteed leave a year for various family and medical reasons. Does the Federal Family and Medical Leave Act apply to this location, does it not apply, or are you not sure if it applies?	APPLIES DOES NOT APPLY NOT SURE/DON'T KNOW	KEPT BUT CHANGED	Q17	Revised question wording
Q16A	Has this location been covered by FMLA since the law took effect in 1994?	YES NO NOT IN BUSINESS IN 1994	DROPPED		
Q16B	In what year did this location become covered by FMLA?	Free Text	DROPPED		
Q17	How many employees at this location have taken leave since January 1, 1999, which you classified as being under the Federal Family and Medical Leave Act?	Free Text - NUMBER	KEPT BUT CHANGED	Q19	Revised question wording and reference period for 12 months is based on responses to QTIME and Q2
Q17A	How many of these employees took their leave on an intermittent basis? By intermittent, we mean taking leave a few hours or days at a time, on multiple occasions, but for the same reason.	Free Text - NUMBER OF EMPLOYEES	KEPT	Q21	
Q17B	{Of these {NUMBER IN Q17} employees,} how many took FMLA leave since January 1, 2000?	Free Text - NUMBER OF EMPLOYEES	KEPT BUT CHANGED		Revised question wording and reference period for 12 months is based on responses to QTIME and Q2
Q17C	How many of these employees took their leave on an intermittent basis, that is, taking leave a few hours or days at a time, on multiple occasions, but for the same reason?	Free Text - NUMBER OF EMPLOYEES	KEPT BUT CHANGED	Q21	Intermittent leave for individualized reference period (based on response from QTime A and B) covered in new Q21
Q17D	Since January 1, 1999, have any employees at this location been denied leave because they used their entire 12 week allotment covered by FMLA?	YES NO	KEPT BUT CHANGED	Q28	Revised question wording; reference period based on response to QTIME (12-month reference period), Revised response categories: 1. Yes, all employees 2. Yes, most employees 3. Yes, some employees 4. No, employees

2000 Question Number, in Original Order	Question Text	Response Categories	Disposition	2012 Question Number	Notes
Q17E	How many employees were denied leave for this reason?	Free Text - NUMBER OF EMPLOYEES	DROPPED		
Q17F	Since January 1, 1999, have any eligible employees been denied leave because the Family and Medical Leave Act did not cover the reason?	YES NO	KEPT BUT CHANGED	Q30	Revised question wording; reference period based on response to QTIME (12-month reference period), Revised response categories: 1. All 2. Most 3. Some 4. None
Q17G	What reasons for leave were denied?	Free Text	DROPPED		
Q18	Since January 1, 2000, how many employees at this location have taken leave for family reasons or serious medical reasons lasting more than 3 days?	Free Text - NUMBER OF EMPLOYEES	KEPT BUT CHANGED	Q58	Revised question wording; reference period based on response to QTIME (12-month reference period)
Q18A	How many took leave in 1999? (IF NECESSARY: Leave for family reasons or serious medical reasons lasting more than 3 days.)	Free Text - NUMBER OF EMPLOYEES	DROPPED		
Q19	How does your organization cover work when employees take leave for a week or longer? Do you...		KEPT BUT CHANGED	Q61X and Q61aX	Revised question wording (no specified leave duration)
Q19A	A. Assign work temporarily to other employees?	YES NO	KEPT	Q61XA	
Q19B	B. Hire an outside temporary replacement?	YES NO	KEPT BUT CHANGED	Q61XB	Revised question wording
Q19C	C. Hire a permanent replacement?	YES NO	KEPT	Q61XD	
Q19D	D. Put the work on hold until the employee returns from leave?	YES NO	KEPT	Q61XE	
Q19E	E. Have the employee perform some work while on leave?	YES NO	KEPT	Q61XF	
Q19F	F. Cover work some other way? (SPECIFY)___	YES NO	KEPT	Q61XG	

2000 Question Number, in Original Order	Question Text	Response Categories	Disposition	2012 Question Number	Notes
Q19G	You just said that you {DISPLAY YES ANSWERS FROM Q19} when an employee takes leave for a week or longer. Which of these methods do you use most often at this location?	ITEMS 1-6	KEPT BUT CHANGED	Q61bX	Revised question wording
Q20	Does your organization maintain records of employee use of FMLA leave?	YES NO	DROPPED		
Q20A	In some companies, employees take leave for family and medical reasons and it is not counted as FMLA leave. How often do you believe this happens in your company? Would you say...	All of the time, Most of the time, Some of the time, Rarely, or Never?	DROPPED		
Q21	Are employees at this location who are eligible for FMLA leave...		KEPT	Q44	
Q21A	A. Provided with written guidance on how the Act is coordinated with existing leave and benefits policies?	YES NO DEPENDS	KEPT	Q44A	
Q21B	B. Provided with written notice of how much of the leave taken was counted as FMLA leave?	YES NO DEPENDS	KEPT	Q44B	
Q21C	C. Required to provide medical documentation for covered leave due to a serious health condition?	YES NO DEPENDS	DROPPED		
Q21D	D. Required to use their paid leave before taking unpaid leave?	YES NO DEPENDS	KEPT	Q44C	
Q21E	E. Ever offered alternative work arrangements instead of leave?	YES NO DEPENDS	KEPT	Q44D	
Q22	Does this location offer the same family and medical leave benefits to employees who are not eligible for FMLA leave?	YES NO	KEPT BUT CHANGED	Q46	Revised question wording
Q23	Has your organization reduced benefits at this location to offset any increased costs associated with the Family and Medical Leave Act?	YES NO	DROPPED		

2000 Question Number, in Original Order	Question Text	Response Categories	Disposition	2012 Question Number	Notes
Q23A	A. Paid vacation and personal leave	YES NO	DROPPED		
Q23B	B. Paid sick leave	YES NO	DROPPED		
Q23C	C. Health plan contributions	YES NO	DROPPED		
Q23D	D. Pension/retirement plan contributions	YES NO	DROPPED		
Q23E	E. Life insurance	YES NO	DROPPED		
Q23F	F. Disability insurance	YES NO	DROPPED		
Q23G	G. Other (SPECIFY)_____	YES NO	DROPPED		
Q24	What effect has complying with the Federal Family and Medical Leave Act had on this location's {ITEM FROM LIST}? Would you say a positive effect, negative effect, or no noticeable effect?		KEPT BUT CHANGED	Q56	Revised question wording
Q24A	A. Business productivity	POSITIVE EFFECT NEGATIVE EFFECT NO NOTICEABLE EFFECT	DROPPED		
Q24B	B. Business profitability	POSITIVE EFFECT NEGATIVE EFFECT NO NOTICEABLE EFFECT	COMBINED	Q56	Combined with old Q24; Revised response categories: 1. Very positive 2. Somewhat positive 3. Somewhat negative 4. Very negative
Q24C	C. Business growth	POSITIVE EFFECT NEGATIVE EFFECT NO NOTICEABLE EFFECT	DROPPED		

2000 Question Number, in Original Order	Question Text	Response Categories	Disposition	2012 Question Number	Notes
Q24D	D. Employee productivity	POSITIVE EFFECT NEGATIVE EFFECT NO NOTICEABLE EFFECT	COMBINED	Q56	Combined with old Q24; Revised response categories: 1. Very positive 2. Somewhat positive 3. Somewhat negative 4. Very negative
Q24E	E. Employee absences	POSITIVE EFFECT NEGATIVE EFFECT NO NOTICEABLE EFFECT	COMBINED	Q56	Combined with old Q24; Revised response categories: 1. Very positive 2. Somewhat positive 3. Somewhat negative 4. Very negative
Q24F	F. Employee turnover	POSITIVE EFFECT NEGATIVE EFFECT NO NOTICEABLE EFFECT	COMBINED	Q56	Combined with old Q24; Revised response categories: 1. Very positive 2. Somewhat positive 3. Somewhat negative 4. Very negative
Q24H	H. Employee career advancement	POSITIVE EFFECT NEGATIVE EFFECT NO NOTICEABLE EFFECT	COMBINED	Q56	Combined with old Q24; Revised response categories: 1. Very positive 2. Somewhat positive 3. Somewhat negative 4. Very negative
Q24I	I. Employee morale	POSITIVE EFFECT NEGATIVE EFFECT NO NOTICEABLE EFFECT	COMBINED	Q56	Combined with old Q24; Revised response categories: 1. Very positive 2. Somewhat positive 3. Somewhat negative 4. Very negative
Q25	You told us that this location has been covered by FMLA since {YEAR FROM Q16B or '1994'}. During that time, has complying with the Federal Family and Medical Leave Act increased, decreased, or not changed {ITEM FROM LIST}?		KEPT BUT CHANGED	Q49	Revised question wording, no reference period

2000 Question Number, in Original Order	Question Text	Response Categories	Disposition	2012 Question Number	Notes
Q25A	A. Administrative costs	INCREASED DECREASED NOT CHANGED NO OTHER COSTS	KEPT BUT CHANGED	Q49A	Revised response categories – Dropped response category “no other costs”
Q25B	B. Cost of continuing benefits such as health plans during leave	INCREASED DECREASED NOT CHANGED NO OTHER COSTS	KEPT BUT CHANGED	Q49B	Revised response categories – Dropped response category “no other costs”
Q25C	C. Hiring/training costs	INCREASED DECREASED NOT CHANGED NO OTHER COSTS	KEPT BUT CHANGED	Q49C	Revised response categories – Dropped response category “no other costs”
Q25D	D. Other costs (SPECIFY) _____	INCREASED DECREASED NOT CHANGED NO OTHER COSTS	KEPT BUT CHANGED	Q49D	Revised response categories – Dropped response category “no other costs”
Q26	Since January 1, 1999, to what extent has complying with the Federal Family and Medical Leave Act increased this location’s {READ ITEM FROM LIST}? Would you say there has been no increase, a small increase, a moderate increase or a large increase?		COMBINED	Q49	Merged into old Q25 questions (NEW Q49 series); Revised response categories; Not related to specific reference period
Q26A	A. Administrative costs	NO INCREASE SMALL INCREASE MODERATE INCREASE LARGE INCREASE NO OTHER COSTS	COMBINED	Q49A	Merged into old Q25 questions (NEW Q49 series); Revised response categories; Not related to specific reference period
Q26B	B. Cost of continuing benefits such as health plans during leave	NO INCREASE SMALL INCREASE MODERATE INCREASE LARGE INCREASE NO OTHER COSTS	COMBINED	Q49B	Merged into old Q25 questions (NEW Q53 series); Revised response categories; Not related to specific reference period

2000 Question Number, in Original Order	Question Text	Response Categories	Disposition	2012 Question Number	Notes
Q26C	C. Hiring/training costs	NO INCREASE SMALL INCREASE MODERATE INCREASE LARGE INCREASE NO OTHER COSTS	COMBINED	Q49C	Merged into old Q25 questions (NEW Q49 series); Revised response categories; Not related to specific reference period
Q26D	D. Other costs (SPECIFY) _____	NO INCREASE SMALL INCREASE MODERATE INCREASE LARGE INCREASE NO OTHER COSTS	COMBINED	Q49D	Merged into old Q25 questions (NEW Q49 series); Revised response categories; Not related to specific reference period
Q27	Has complying with the Federal Family Medical Leave Act resulted in any cost savings at this location, for example, in reducing employee turnover?	YES NO	KEPT BUT CHANGED	Q53	Revised question wording
Q27A	What are these savings?	Free Text	DROPPED		
Q28	How easy or difficult are each of the following activities for your organization? {ITEM FROM LIST}. Would you say very easy, somewhat easy, somewhat difficult, or very difficult?		KEPT BUT CHANGED	Q50	Added an additional category: E. Coordinating the act with your Collective Bargaining Agreement
Q28A	A. Maintaining additional record keeping necessary for the Family and Medical Leave Act	VERY EASY SOMEWHAT EASY SOMEWHAT DIFFICULT VERY DIFFICULT NA	DROPPED		
Q28B	B. Determining whether the Act applies to your organization	VERY EASY SOMEWHAT EASY SOMEWHAT DIFFICULT VERY DIFFICULT NA	DROPPED		
Q28C	C. Determining whether certain employees are eligible for leave under the Act	VERY EASY SOMEWHAT EASY SOMEWHAT DIFFICULT VERY DIFFICULT NA	DROPPED		

2000 Question Number, in Original Order	Question Text	Response Categories	Disposition	2012 Question Number	Notes
Q28D	D. Coordinating state and federal leave policies	VERY EASY SOMEWHAT EASY SOMEWHAT DIFFICULT VERY DIFFICULT NA	KEPT	Q50A	
Q28E	E. Coordinating the Act with other federal laws	VERY EASY SOMEWHAT EASY SOMEWHAT DIFFICULT VERY DIFFICULT NA	KEPT	Q50B	
Q28F	F. Coordinating the Act with other leave policies	VERY EASY SOMEWHAT EASY SOMEWHAT DIFFICULT VERY DIFFICULT NA	KEPT	Q50C	
Q28G	G. Coordinating the Act with employee attendance policies	VERY EASY SOMEWHAT EASY SOMEWHAT DIFFICULT VERY DIFFICULT NA	KEPT	Q50D	
Q28H	H. Administering FMLA's notification, designation, and certification requirements	VERY EASY SOMEWHAT EASY SOMEWHAT DIFFICULT VERY DIFFICULT NA	KEPT	Q50F	
Q28I	I. Determining if a health condition is a serious health condition under FMLA	VERY EASY SOMEWHAT EASY SOMEWHAT DIFFICULT VERY DIFFICULT NA	KEPT	Q50G	
Q29	FMLA allows employees to take intermittent leave. Has leave taken on an intermittent basis had an impact on this location's productivity?	YES NO	KEPT BUT CHANGED	Q54	Revised question wording

2000 Question Number, in Original Order	Question Text	Response Categories	Disposition	2012 Question Number	Notes
Q29A	Has this impact on productivity been positive or negative?	POSITIVE NEGATIVE	KEPT BUT CHANGED	Q54a	Revised response category – Added 3. Some positive some negative
Q29B	Would you say this impact on productivity has been small, moderate or large?	SMALL MODERATE LARGE	KEPT	Q54b	
Q30	Has leave taken on an intermittent basis had an impact on this location's profitability?	YES NO	KEPT BUT CHANGED	Q55	Revised question wording
Q30A	Has this impact on profitability been positive or negative?	POSITIVE NEGATIVE	KEPT BUT CHANGED	Q55a	Revised response category – Added 3. Some positive some negative
Q30B	Would you say this impact on profitability has been small, moderate or large?	SMALL MODERATE LARGE	KEPT	Q55b	
Q31	From which of the following do you get information on the Family and Medical Leave Act?		KEPT	Q47	
Q31A	A. The U.S. Department of Labor	YES NO	KEPT	Q47	Response category 1
Q31B	B. The media	YES NO	KEPT	Q47	Response category 2
Q31C	C. A trade or business group	YES NO	KEPT	Q47	Response category 3
Q31D	D. An attorney or consultant	YES NO	KEPT	Q47	Response category 4
Q31E	E. A union	YES NO	KEPT	Q47	Response category 5
Q31F	F. Your employees	YES NO	KEPT	Q47	Response category 6
Q31G	G. The Internet	YES NO	DROPPED		
Q31H	H. Some other source (SPECIFY)____	YES NO	KEPT	Q47	Response category 8
Q31I	I. Existing company policies or procedures	YES NO	KEPT	Q47	Response category 7

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Q32	Which of the following methods, if any, do you use to inform employees of their rights under FMLA?		KEPT	Q48	
Q32A	A. Employee handbook	YES NO	KEPT	Q48	Response category 1
Q32B	B. Notice on bulletin board	YES NO	KEPT	Q48	Response category 2
Q32C	C. Memos	YES NO	KEPT	Q48	Response category 3
Q32D	D. Computer network, Intranet or Email	YES NO	KEPT	Q48	Response category 4
Q32E	E. Oral notification	YES NO	KEPT	Q48	Response category 5
Q32F	F. Some other method (SPECIFY)_____	YES NO	KEPT	Q48	Response category 7
Q32G	Do you inform your employees of their rights under the FMLA?	YES NO	COMBINED	Q48	Combined into NEW Q48
Q33	The Family and Medical Leave Act contains several provisions designed to assist in managing employee's use of FMLA leave. I'm going to read to you a list of these provisions and I'd like you to tell me how useful these provisions are in managing your employee's use of FMLA leave. Let's begin. Would you say {ITEM FROM LIST} is very useful, somewhat useful, or not at all useful in managing your employees use of FMLA leave?		KEPT BUT CHANGED	Q51	Revised question wording
Q33A	A. The exception for highly paid key employees	VERY USEFUL SOMEWHAT USEFUL NOT AT ALL USEFUL NA	KEPT BUT CHANGED	Q51A	Revised response categories: 1. Very helpful 2. Somewhat helpful 3. Neither helpful nor unhelpful 4. Somewhat unhelpful 4. Very unhelpful

2000 Question Number, in Original Order	Question Text	Response Categories	Disposition	2012 Question Number	Notes
Q33B	B. Written medical certifications	VERY USEFUL SOMEWHAT USEFUL NOT AT ALL USEFUL NA	KEPT BUT CHANGED	Q51B	Revised item wording; Revised response categories: 1. Very helpful 2. Somewhat helpful 3. Neither helpful nor unhelpful 4. Somewhat unhelpful 4. Very unhelpful
Q33C	C. Second and third medical opinions	VERY USEFUL SOMEWHAT USEFUL NOT AT ALL USEFUL NA	KEPT BUT CHANGED	Q51C	Revised response categories: 1. Very helpful 2. Somewhat helpful 3. Neither helpful nor unhelpful 4. Somewhat unhelpful 4. Very unhelpful
Q33D	D. Advance notice of foreseeable leave	VERY USEFUL SOMEWHAT USEFUL NOT AT ALL USEFUL NA	KEPT BUT CHANGED	Q51D	Revised response categories: 1. Very helpful 2. Somewhat helpful 3. Neither helpful nor unhelpful 4. Somewhat unhelpful 4. Very unhelpful
Q33E	E. Transfer to alternative position	VERY USEFUL SOMEWHAT USEFUL NOT AT ALL USEFUL NA	KEPT BUT CHANGED	Q51E	Revised response categories: 1. Very helpful 2. Somewhat helpful 3. Neither helpful nor unhelpful 4. Somewhat unhelpful 4. Very unhelpful
Q33F	F. Any other provision? (Specify)_____	VERY USEFUL SOMEWHAT USEFUL NOT AT ALL USEFUL NA	DROPPED		
Q34	Overall, how easy or difficult has it been for your organization to comply with the requirements of the Family and Medical Leave Act? Would you say it was:	Very easy, Somewhat easy, Somewhat difficult, or Very difficult?	KEPT BUT CHANGED	Q52	Revised question wording; Revised response category – added “No noticeable effect”

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Q35	Did any employees at this location take leave under the Family and Medical Leave Act since January 1st of 1999 and then choose NOT to return to work for you?	YES NO	KEPT BUT CHANGED	Q23	Reference period based on response to QTIME
Q35A	How many employees chose not to return?	Free Text - NUMBER OF EMPLOYEES	KEPT	Q24	
Q35B	Did you attempt to recover from these employees any health insurance benefits to which your organization was entitled?	YES NO	DROPPED		
Q35C	Did you successfully recover these payments?	YES NO	DROPPED		
Q35D	How easy or difficult was it to recover the benefit payment? Would you say...	Very easy, Somewhat easy, Somewhat difficult, or Very difficult?	DROPPED		
Q36	Has the Family and Medical Leave Act had any effects at this location NOT already covered in this survey?	YES NO IF YES, SPECIFY _____	DROPPED		
Q37	What effect has your family and medical leave policies had on this location's {ITEM FROM LIST}? Would you say a positive effect, a negative effect, or no noticeable effect?		DROPPED		
Q37A	A. Business productivity	POSITIVE EFFECT NEGATIVE EFFECT NO NOTICEABLE EFFECT	DROPPED		
Q37B	B. Business profitability	POSITIVE EFFECT NEGATIVE EFFECT NO NOTICEABLE EFFECT	DROPPED		
Q37C	C. Business growth	POSITIVE EFFECT NEGATIVE EFFECT NO NOTICEABLE EFFECT	DROPPED		
Q37D	D. Employee productivity	POSITIVE EFFECT NEGATIVE EFFECT NO NOTICEABLE EFFECT	DROPPED		
Q37E	E. Employee absences	POSITIVE EFFECT NEGATIVE EFFECT NO NOTICEABLE EFFECT	DROPPED		

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Q37F	F. Employee turnover	POSITIVE EFFECT NEGATIVE EFFECT NO NOTICEABLE EFFECT	DROPPED		
Q37H	H. Employee career advancement	POSITIVE EFFECT NEGATIVE EFFECT NO NOTICEABLE EFFECT	DROPPED		
Q37I	I. Employee morale	POSITIVE EFFECT NEGATIVE EFFECT NO NOTICEABLE EFFECT	DROPPED		
Q38	Earlier I told you about the Federal Family and Medical Leave Act of 1993. It gives employees in certain organizations the right to take up to 12 weeks of unpaid, job-guaranteed leave a year for various family and medical reasons. Imagine for a moment this law applied to your organization. What effect would complying with the law have on this location's {ITEM FROM LIST}? Would you say a positive effect, a negative effect, or no noticeable effect?		DROPPED		
Q38A	A. Business productivity	POSITIVE EFFECT NEGATIVE EFFECT NO NOTICEABLE EFFECT	DROPPED		
Q38B	B. Business profitability	POSITIVE EFFECT NEGATIVE EFFECT NO NOTICEABLE EFFECT	DROPPED		
Q38C	C. Business growth	POSITIVE EFFECT NEGATIVE EFFECT NO NOTICEABLE EFFECT	DROPPED		
Q38D	D. Employee productivity	POSITIVE EFFECT NEGATIVE EFFECT NO NOTICEABLE EFFECT	DROPPED		
Q38E	E. Employee absences	POSITIVE EFFECT NEGATIVE EFFECT NO NOTICEABLE EFFECT	DROPPED		

2000 Question Number, in Original Order	Question Text	Response Categories	Disposition	2012 Question Number	Notes
Q38F	F. Employee turnover	POSITIVE EFFECT NEGATIVE EFFECT NO NOTICEABLE EFFECT	DROPPED		
Q38H	H. Employee career advancement	POSITIVE EFFECT NEGATIVE EFFECT NO NOTICEABLE EFFECT	DROPPED		
Q38I	I. Employee morale	POSITIVE EFFECT NEGATIVE EFFECT NO NOTICEABLE EFFECT	DROPPED		
Q39	To what extent would complying with the Federal Family and Medical Leave Act increase this location's {ITEM FROM LIST}? Would you say no increase, small increase, moderate increase, or a large increase?		DROPPED		
Q39A	A. Administrative costs	NO INCREASE SMALL INCREASE MODERATE INCREASE LARGE INCREASE	DROPPED		
Q39B	B. Hiring/training costs	NO INCREASE SMALL INCREASE MODERATE INCREASE LARGE INCREASE	DROPPED		
Q39D	D. Litigation costs	NO INCREASE SMALL INCREASE MODERATE INCREASE LARGE INCREASE	DROPPED		
Q39C	C. Other costs (SPECIFY) _____	NO INCREASE SMALL INCREASE MODERATE INCREASE LARGE INCREASE NO COST	DROPPED		
Q40	Would complying with the Federal Family and Medical Leave Act result in any cost savings at this location, for example, in reducing employee turnover?	YES NO	DROPPED		

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Q41	How many other people in your organization did you consult to obtain the information we have asked for in this survey?	NONE ONE TWO THREE FOUR OR MORE	DROPPED		
Q42	Did you or anyone else check in your organization's records to provide us information requested in this survey?	YES NO	DROPPED		
Q43	In what year did you begin working in your current position with this organization?	Free Text	DROPPED		
Q44	What is your current job title?	Free Text	DROPPED		
Q45	Do you have any other comments or concerns related to family and medical leave issues?	Free Text	DROPPED		
	Most of our questions request information about your work site at its address, for example [LOCATION ADDRESS]. Many companies have branches or offices located outside of the main or headquarter city. Our study has been designed to scientifically select work [BOLD->] sites [<-BOLD], as opposed to entire companies. In order to get the most accurate data possible, we will need you to report on your work site's address, for example the [LOCATION ADDRESS] location, for most of our questions. Since we will be referring to this location several times throughout the survey, can you please tell me how we should refer to it throughout the survey? For example, do you call it the [FILL SAMPLE CITY] office, or branch? Or something else?	[FILL SAMPLE CITY] office [FILL SAMPLE CITY] branch Something else, please specify REF	NEW	INTRO2	
	The survey contains several questions that require information over a 12 month period. You may provide this information for any 12 month period ending between January 2011 and now that is most convenient to you. A. In what month and year does your reporting period begin?	Record Month Record Year DK (VOL) REF (VOL)	NEW	QTIMEA	
	In what month and year does your reporting period end?	Record Month Record Year DK (VOL) REF (VOL)	NEW	QTIMEB	

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	And how many employees report to or receive work from [FILL]? ["JUST TO CONFIRM, WE'RE TALKING ABOUT ONLY THIS LOCATION; NOT THE ENTIRE FIRM OR ORGANIZATION. THIS INCLUDES ALL INDIVIDUALS WHO RECEIVE WORK ASSIGNMENTS FROM OR ARE BASED OUT OF THIS SITE, INCLUDING THOSE WHO MAY WORK FROM HOME OR TELECOMMUTE."]	Free text - Number	NEW	Q2	
	Just to confirm, we have your organization's main activity described as [INSERT INDUSTRY DESCRIPTION FROM SAMPLE]; is that correct?	YES NO DK REFUSED	NEW	Q4	
	How would you describe your company's main activity? [RECORD VERBATIM]	Free text	NEW	Q5	
	Across all sites in your organization, are any employees unionized?	YES NO DK REFUSED	NEW	Q6a	
	How many of your employees at [FILL] have been working at your organization for at least one year?	NUMBER PERCENT DK REFUSED	NEW	Q8	
	In what time increments do employees in your organization record their work time? Please select all that apply.	MINUTES HOURS NOT REQUIRED TO REPORT/RECORD WORK TIME DK REFUSED	NEW	Q10	
	How many employees are provided... D. Paid maternity leave	ALL MOST SOME NONE DK REFUSED	NEW	Q11D	

2000 Question Number, in Original Order	Question Text	Response Categories	Disposition	2012 Question Number	Notes
	How many employees are provided... E. Paid paternity leave	ALL MOST SOME NONE DK REFUSED	NEW	Q11E	
	How many employees are provided... G. "Flex Time"	ALL MOST SOME NONE DK REFUSED	NEW	Q11G	
	How many employees at [WORK SITE FILL] are allowed to take leave for the following reasons? B. For elder care reasons	ALL MOST SOME NONE REFUSED	NEW	Q14B	
	How many employees at [WORK SITE FILL] are allowed to take leave for the following reasons? D. For non-routine medical appointments, such as to see a specialist	ALL MOST SOME NONE REFUSED	NEW	Q14D	
	Does your company policy use a point or demerit system that tracks an employee's unscheduled absences?	YES FOR ALL EMPLOYEES YES FOR SOME EMPLOYEES NO DEPENDS ON CIRCUMSTANCES REFUSED	NEW	Q15	
	For employees at this location, does this site's policies allow for family or medical leave for the following reasons?... F. For care of a parent or spouse who is elderly	YES NO DEPENDS ON CIRCUMSTANCES DK REFUSED	NEW	Q16F	

2000 Question Number, in Original Order	Question Text	Response Categories	Disposition	2012 Question Number	Notes
	For employees at this location, does this site's policies allow for family or medical leave for the following reasons?...G. For the care of a military service member with a serious injury or illness	YES NO DEPENDS ON CIRCUMSTANCES DK REFUSED	NEW	Q16G	
	For employees at this location, does this site's policies allow for family or medical leave for the following reasons?... H. For reasons related to the deployment of a military service member	YES NO DEPENDS ON CIRCUMSTANCES DK REFUSED	NEW	Q16H	
	Does this site's policies for these types of leave cover guardians and caregivers of a child regardless of their legal or biological relationship to that child?	YES NO DK REFUSED	NEW	Q16X_1	
	How much notification is needed for foreseeable absences?	HOURS DAYS WEEKS DK REFUSED	NEW	Q16X_2	
	Does this site have a WRITTEN policy for taking family and medical leave?	YES NO DK REFUSED	NEW	Q16X_3	
	What is the MINIMUM time increment employees are permitted to take for these types of leave?	DAYS HOURS MINUTES DK REFUSED	NEW	Q16X_4	
	How much TOTAL time does this site allow the employee to take leave in a year FOR THE CARE OF A MILITARY SERVICE MEMBER with a serious injury or illness? Please respond in hours OR days OR weeks OR months.	HOURS DAYS WEEKS MONTHS Do not allow this type of leave DK REFUSED	NEW	Q16X_6a	

2000 Question Number, in Original Order	Question Text	Response Categories	Disposition	2012 Question Number	Notes
	How much TOTAL time does this site allow the employee to take leave in a year FOR ANY OF THE OTHER TYPES OF LEAVES? Please respond in hours OR days OR weeks OR months.	HOURS DAYS WEEKS MONTHS REFUSED	NEW	Q16X_6b	
	Does your company process requests for FMLA internally, or do you utilize a third party for this?	INTERNALLY OUTSOURCE TO A THIRD PARTY OTHER REFUSED	NEW	Q18	
	We just asked you about the total number of EMPLOYEES that have taken leave [from [INSERT 12-MONTH REFERENCE PERIOD]]. Can you please provide the total number of separate LEAVES taken in this same time period? A leave is time taken off for a single reason; this time could be taken all at once or intermittently over time.	Free text - number	NEW	Q20	
	How would you evaluate the ease or difficulty of administering intermittent leaves?	VERY EASY SOMEWHAT EASY NEITHER EASY OR DIFFICULT SOMEWHAT DIFFICULT VERY DIFFICULT REFUSED	NEW	Q21a	
	Of the FMLA granted leave(s) taken during the last 12 months, what percent would you estimate were taken on an intermittent basis?	NONE 1-5% 6-10% 11-15% 16-20% 21-50% MORE THAN 50% DK REFUSED	NEW	Q21b	

2000 Question Number, in Original Order	Question Text	Response Categories	Disposition	2012 Question Number	Notes
	What is your policy on intermittent leave for shift workers; do you permit the employee to rejoin mid-shift or do you require the employee to take the entire shift as leave?	REJOIN MID-SHIFT REQUIRE ENTIRE SHIFT AS LEAVE DEPENDS ON SUPERVISOR THIS ESTABLISHMENT DOES NOT HAVE SHIFT WORKERS REFUSED	NEW	Q22	
	About how many leaves taken under FMLA are given with notice from the employee that is consistent with your company's policies?	ALL MOST ABOUT HALF SOME NONE REFUSED	NEW	Q25	
	How many medical certifications did you accept as complete and sufficient from [12-MONTH REFERENCE PERIOD] at this location?	Free text - number	NEW	Q26	
	How many medical certifications for FMLA leave were returned to the employee to provide additional information from [12-MONTH REFERENCE PERIOD] at this location?	Free text - number	NEW	Q26a	
	How many FMLA leave applications have been denied [from [INSERT 12-MONTH REFERENCE PERIOD]] for ANY reason? [HYPERLINK "FMLA"]	All Most Some None DK REF	NEW	Q27	
	[From [INSERT 12-MONTH REFERENCE PERIOD]] have any eligible employees been denied Family and Medical Leave because they did not meet your establishment's notice requirements?	All Most Some None DK REF	NEW	Q32	

2000 Question Number, in Original Order	Question Text	Response Categories	Disposition	2012 Question Number	Notes
	How often do you require medical certification for employees that request FMLA leave?	ALWAYS MOST OF THE TIME HALF THE TIME SOMETIMES NEVER REFUSED	NEW	Q34	
	Does your establishment contact employees' health care providers as part of the certification process?	YES NO DEPENDS	NEW	Q35	
	Who makes contact with employees' health care providers on behalf of your establishment?	A THIRD PARTY VERIFICATION COMPANY HR PERSONNEL MANAGER EMPLOYEES' DIRECT SUPERVISOR SOMEONE ELSE, PLEASE SPECIFY REFUSED	NEW	Q36	
	The FMLA generally permits employers to request re-certification of long term serious health conditions. How often do you require re-certification?	LESS FREQUENTLY THAN EVERY 6 MONTHS EVERY SIX MONTHS MORE FREQUENTLY THAN EVERY 6 MONTHS NEVER REFUSED	NEW	Q37	
	Under certain circumstances, the FMLA permits employers to request "fitness for duty" certification before an employee who has been on FMLA leave because of his or her own serious health condition can return to work. How often do you require a fitness for duty certification?	ALWAYS MOST OF THE TIME HALF THE TIME SOMETIMES NEVER REFUSED	NEW	Q38	
	Who pays for each of the following types of certification visits? Please select all that apply		NEW	Q39	
	Initial medical certification	ESTABLISHMENT/EMPLOYER EMPLOYEE EMPLOYEE'S INSURANCE OTHER SOURCE REFUSED	NEW	Q39A	

2000 Question Number, in Original Order	Question Text	Response Categories	Disposition	2012 Question Number	Notes
	Re-certification	ESTABLISHMENT/EMPLOYER EMPLOYEE EMPLOYEE'S INSURANCE OTHER SOURCE REFUSED	NEW	Q39B	
	Second or third certifications	ESTABLISHMENT/EMPLOYER EMPLOYEE EMPLOYEE'S INSURANCE OTHER SOURCE REFUSED	NEW	Q39C	
	Fitness for duty certification	ESTABLISHMENT/EMPLOYER EMPLOYEE EMPLOYEE'S INSURANCE OTHER SOURCE REFUSED	NEW	Q39D	
	Insufficient certification correction	ESTABLISHMENT/EMPLOYER EMPLOYEE EMPLOYEE'S INSURANCE OTHER SOURCE REFUSED	NEW	Q39E	
	You told me that approximately [INSERT # FROM Q20] leaves were taken over the 12-month reporting period. How many of these leaves do you suspect were misused - that is, taken for reasons that are not covered by the FMLA?	Free text - number	NEW	Q40	

2000 Question Number, in Original Order	Question Text	Response Categories	Disposition	2012 Question Number	Notes
	Why did you suspect this misuse? [SELECT ALL THAT APPLY]	Predictable leave pattern (around weekends, holidays, days off, etc.) Used leave to cover tardiness Used common excuses/doubting the reason for leave (migraines, back pain, etc.) Doubting the validity of a certification (heard information to the contrary, seen employee elsewhere performing allegedly restricted activity, etc.) Frequent leave with short or no advance notice provided or intermittent leave in general Past experience with employee (previous attendance problems, suspected of lying, past misuse, etc.) Some other reason not listed, please specify: _____ DK REFUSED	NEW	Q41	
	Have you ever confirmed an employee's misuse of FMLA at this location?	YES NO DK REFUSED	NEW	Q42	
	What disciplinary action was taken for the most recent case of FMLA misuse?		NEW	Q43	
	A. The absence counted against the employee on your point system	YES NO DK REFUSED	NEW	Q43A	

2000 Question Number, in Original Order	Question Text	Response Categories	Disposition	2012 Question Number	Notes
	B. The employee was given a verbal warning/disciplinary notice	YES NO DK REFUSED	NEW	Q43B	
	C. The employee was given a written warning/disciplinary notice	YES NO DK REFUSED	NEW	Q43C	
	D. The employee suspended	YES NO DK REFUSED	NEW	Q43D	
	E. The employee terminated	YES NO DK REFUSED	NEW	Q43E	
	F. Other, please specify _____	YES NO DK REFUSED	NEW	Q43F	
	In your entire organization, what types of employees do you consider to be eligible for FMLA leave?	Senior managers/professional staff Staff who have worked at least certain number of hours at the company Hourly staff None of these DK REF	NEW	Q45	
	Which of the following methods, if any, do you use to inform employees of their rights under FMLA? ...Employee orientation and/or other meetings with employees	YES NO	NEW	Q48	New response category 6
	Which of the following methods, if any, do you use to inform employees of their rights under FMLA? ...Does not inform employees of their rights	YES NO	NEW	Q48	New response category 8

2000 Question Number, in Original Order	Question Text	Response Categories	Disposition	2012 Question Number	Notes
	How easy or difficult are each of the following activities for your organization? E. Coordinating the Act with your Collective Bargaining Agreement	VERY EASY SOMEWHAT EASY SOMEWHAT DIFFICULT VERY DIFFICULT NA	NEW	Q50E	
	How helpful have the following provisions been in administering the FMLA at [WORK SITE FILL]? F. Medical re-certification	VERY HELPFUL SOMEWHAT HELPFUL NEITHER HELPFUL NOR UNHELPFUL SOMEWHAT UNHELPFUL VERY UNHELPFUL NA REFUSED	NEW	Q51F	
	How helpful have the following provisions been in administering the FMLA at [WORK SITE FILL]? G. The fitness for duty certification for employees	VERY HELPFUL SOMEWHAT HELPFUL NEITHER HELPFUL NOR UNHELPFUL SOMEWHAT UNHELPFUL VERY UNHELPFUL NA REFUSED	NEW	Q51G	
	How helpful have the following provisions been in administering the FMLA at [WORK SITE FILL]? H. Certification of leave for a reason related to the deployment of a military service member	VERY HELPFUL SOMEWHAT HELPFUL NEITHER HELPFUL NOR UNHELPFUL SOMEWHAT UNHELPFUL VERY UNHELPFUL NA REFUSED	NEW	Q51H	
	How helpful have the following provisions been in administering the FMLA at [WORK SITE FILL]? I. Certification of a serious injury or illness of a military service member	VERY HELPFUL SOMEWHAT HELPFUL NEITHER HELPFUL NOR UNHELPFUL SOMEWHAT UNHELPFUL VERY UNHELPFUL NA REFUSED	NEW	Q51I	

2000 Question Number, in Original Order	Question Text	Response Categories	Disposition	2012 Question Number	Notes
	How many of these employees took leave to care for a military service member with a serious injury or illness because they were the service member's spouse, son, daughter, parent or next of kin?	Free text - number	NEW	Q59	
	How many of these employees took leave for reasons related to the deployment of a spouse, son, daughter, or parent who is a military service member?	Free text - number	NEW	Q60	
	To cover work when employees take leave for a WEEK or longer, for a scheduled DAY or less, or for an unscheduled DAY or less, do you ever...C. Call an employee into work who is on vacation	YES NO DK REFUSED	NEW	Q61XC	
	Do you [A-G] when employees take... B. Scheduled leave for a day or less	YES NO DK REF	NEW	Q61aXB	Similar to Q19 in 2000 survey, but asks for different time period - scheduled leave for a day or less
	Do you [A-G] when employees take... C. Unscheduled leave for a day or less	YES NO DK REF	NEW	Q61aXC	Similar to Q19 in 2000 survey, but asks for different time period - unscheduled leave for a day or less
	Do you [A-G] when employees take... D. Some other leave circumstance (SPECIFY)	YES NO DK REF	NEW	Q61aXD	Similar to Q19 in 2000 survey, but asks for different time period - unscheduled leave for a day or less
	How easy or difficult is it for your company to deal with the following types of leaves?		NEW	Q67	
	Planned long term leave for a family or medical reason	VERY EASY SOMEWHAT EASY NEITHER EASY OR DIFFICULT SOMEWHAT DIFFICULT VERY DIFFICULT REFUSED	NEW	Q67A	

2000 Question Number, in Original Order	Question Text	Response Categories	Disposition	2012 Question Number	Notes
	Planned short term leave	VERY EASY SOMEWHAT EASY NEITHER EASY OR DIFFICULT SOMEWHAT DIFFICULT VERY DIFFICULT REFUSED	NEW	Q67B	
	Planned episodic or intermittent leave	VERY EASY SOMEWHAT EASY NEITHER EASY OR DIFFICULT SOMEWHAT DIFFICULT VERY DIFFICULT REFUSED	NEW	Q67C	
	Unplanned episodic or intermittent leave	VERY EASY SOMEWHAT EASY NEITHER EASY OR DIFFICULT SOMEWHAT DIFFICULT VERY DIFFICULT REFUSED	NEW	Q67D	
	Unscheduled leave of any duration	VERY EASY SOMEWHAT EASY NEITHER EASY OR DIFFICULT SOMEWHAT DIFFICULT VERY DIFFICULT REFUSED	NEW	Q67E	
	Do you have specific computer software or a person in human resources that tracks use of family and medical leave?	COMPUTER SOFTWARE DESIGNATED PERSON IN HUMAN RESOURCES BOTH COMPUTER SOFTWARE AND DESIGNATED HR PERSON OTHER METHOD OF TRACKING FMLA LEAVE DO NOT TRACK FAMILY AND MEDICAL LEAVE REFUSED	NEW	Q68	

C.2 Changes Made to the Employee Survey

2000 Question Number, In Original Order	Question Text	Response Categories	Disposition	2012 Variable Name	Notes
SINTRO_1	RESIDENTIAL Are you a member of this household and at least 18 years old? BUSINESS Is this phone number used for...	Residential YES NO PROBABLE BUSINESSANSWERING MACHINE Home and business use, or Business use only? GO TO RESULT	KEPT BUT CHANGED	S1, S3	S3 for cell phones
S3a	May I speak to a household member who is at least 18 years old?	AVAILABLE NOT AVAILABLE THERE ARE NONE GO TO RESULT	KEPT	S2	
S3OV	[IF RESPONDENT IS A CHILD, ASK FOR AN OLDER HOUSEHOLD MEMBER]	NO ONE LIVING IN HH IS 18 OR OLDER THERE ARE HH MEMBERS 18 OR OLDER 2 GO TO RESULTT	KEPT	S2	
S5	We are conducting this study for the U.S. Department of Labor to find out about people's use of and attitudes about workplace family and medical leave. Study results will be used to assess the impact of family and medical leave policies on employees. Your participation is voluntary and all information you provide will be kept confidential. If we should come to any question that you don't want to answer, just let me know and we'll go on to the next question. I now have a few questions that, altogether, should take between 3 and 5 minutes to answer.		KEPT BUT CHANGED	INTRO1, INTRO2, S4	INTRO2 is for cell phones; Text has been split up between INTROs and S4; Revised question wording
WU1	Does anyone in your household have more than one job?	YES NO REFUSED DON'T KNOW	DROPPED		

2000 Question Number, In Original Order	Question Text	Response Categories	Disposition	2012 Variable Name	Notes
WU2	Does anyone in your household ever take public transportation to work?	YES NO REFUSED DON'T KNOW	DROPPED		
S6	We're interested in talking to someone in the household in more depth about workplace family and medical leave. In order to do that, I need to list all the first names of members of your household, their ages, and genders. Let's start with you. May I have your name?	free text	KEPT BUT CHANGED	S6, S7, S8	Questions now in a matrix (name, age, gender)
S6VERF1.	[VERIFY THE NUMBER OF HOUSEHOLD MEMBERS LISTED ABOVE]	NUMBER OF HH MEMBERS IN MATRIX CORRECT RETURN TO MATRIX [RETURN TO MATRIX] GO TO RESULT	KEPT BUT CHANGED	S13	Revised question wording
P30	{Are you/Is this person} 18 years old or older?	YES NO REFUSED DON'T KNOW	KEPT	S14	
P31	What is {PERSON FROM MATRIX}'s month and year of birth?	MONTH __ [HR: 00-12] YEAR __ __ __ [HR: 1997-2000] REFUSED DON'T KNOW	KEPT BUT CHANGED	S7	Revised question wording – Ask age rather than month and year of birth and incorporated into matrix of household member questions
P31b	{Have you/Has this person} been employed at all since January 1, 1999?	YES NO REFUSED DON'T KNOW	KEPT BUT CHANGED	S9	Revised question wording and incorporated into matrix of household member questions
P32	Since January 1, 1999, {have you/has this person} taken leave from work · to care for a newborn, newly adopted, or new foster child; · for reasons related to your or a family member's pregnancy; or · for {your/their} own serious health condition or the serious health condition of {your/their} child, spouse, or parent? A serious health condition is one that lasted more	YES NO REFUSED DON'T KNOW	KEPT BUT CHANGED	S11	Revised question wording (reference period changed to the last 18 months)

2000 Question Number, In Original Order	Question Text	Response Categories	Disposition	2012 Variable Name	Notes
	than 3 days or required an overnight hospital stay.				
P33	Since January 1, 1999, {have you/has this person} needed to take leave from work but did not · to care for a newborn, newly adopted, or new foster child; · for reasons related to your or a family member's pregnancy; or · for {your/their} own serious health condition or the serious health condition of {your/their} child, spouse, or parent? [A serious health condition is one that lasted more than 3 days or required an overnight hospital stay.]	YES NO REFUSED DON'T KNOW	KEPT BUT CHANGED	S12	Revised question wording (reference period changed to the last 18 months)
S15AD	In addition to {THIS TELEPHONE NUMBER}, are there any other telephone numbers in your household?	YES NOT MY PHONE NUMBER1	KEPT BUT CHANGED	T1-T6	New telephone usage questions
S16	{Is this/Are these} number(s) for...	Home use, Business and home use or Business use only?	KEPT BUT CHANGED	T1-T6	New telephone usage questions
READMSG	[PLEASE READ THE FOLLOWING MESSAGE INTO THE ANSWERING MACHINE] This is {INTERVIEWER} calling on behalf of the U.S. Department of Labor. We are conducting a survey to ask you about workplace family and medical leave. Results will be used by the U.S. Department of Labor and others in assessing the impact of family and medical leave policies on employees, so your opinions are important. Your phone number was randomly selected and your answers will be kept confidential. We will call back within the next day or two. Thank you.	n/a	KEPT	READMSG	

2000 Question Number, In Original Order	Question Text	Response Categories	Disposition	2012 Variable Name	Notes
P20	Thank you very much, we are only interviewing in households with members who are 18 and over.	n/a	KEPT	THANK01	
THANK 02	Thank you very much for the information. These are all the questions I have at this time.	n/a	KEPT	THANK02	
INTRO2	[Hello] May I speak to {SELECTED RESPONDENT}? [I'm calling on behalf of the U.S. Department of Labor. We're conducting a study about workplace family and medical leave.]	SUBJECT SPEAKING/COMING TO PHONE SUBJECT LIVES HERE - NEEDS APPOINTMENT SUBJECT KNOWN LIVES AT ANOTHER NUMBER NEVER HEARD OF SUBJECT TELEPHONE COMPANY RECORDING ANSWERING MACHINEM GO TO RESULT CODEST RETRY AUTODIALERT	KEPT BUT CHANGED	HANDOFF1, HANDOFF2, HANDOFF3	Revised question wording and response categories
NAME1	We are conducting this study for the U.S. Department of Labor to find out about people's use of and attitudes about workplace family and medical leave. Results will be used to study the impact of family and medical leave policies on employees. Your participation is voluntary and all information you provide will be kept confidential. If we should come to any question that you don't want to answer, just let me know and we'll go on to the next question.	n/a	KEPT BUT CHANGED	INTRO3, INTRO4, INTRO5	Revised question wording

2000 Question Number, In Original Order	Question Text	Response Categories	Disposition	2012 Variable Name	Notes
A1a	I want to confirm with you that since January 1, 1999, you have taken leave from work: · for the care of a newborn, newly adopted or new foster child; · for reasons related to your or a family member's pregnancy; or · for yourself, your child, spouse, or parent because of a serious health condition. A serious health condition is one that lasted more than 3 days or required an overnight hospital stay. Is this correct? [Have you taken leave from work for one or more of these reasons?]	YES NO	KEPT BUT CHANGED	A1	Revised question wording (reasons for leave); Changed reference period (last 18 months)
A1b	Since January 1, 1999, did you need but not take leave from work: • for the care of a new child; • for reasons related to your or a family member's pregnancy; or • for yourself, your child, spouse, or parent because of a serious health condition? [A serious health condition is one that lasted more than 3 days or required an overnight hospital stay.]	YES NO	KEPT BUT CHANGED	B1	Revised question wording (added care for military member reason)
A1d	Are you currently on this type of leave from work?	YES NO	KEPT	A3	
A2	How many leaves of this type have you taken since January 1, 1999?	[_][_][SR:0-08] [HR:0-20]	KEPT BUT CHANGED	A4	Revised question wording and reference period changed to the last 18 months
A2a	How about just since January 1, 2000, through today?	[_][_][SR:0-04] [HR:0-10]	DROPPED		

2000 Question Number, In Original Order	Question Text	Response Categories	Disposition	2012 Variable Name	Notes
A3	Now I'm going to ask you some questions about the {leave/leaves} you have taken since January 1, 1999. What was the reason for the {leave/longest leave}?	OWN HEALTH CONDITION, EXCEPT MATERNITY-RELATED ILLNESS [WOMEN ONLY] FOR MATERNITY-RELATED DISABILITY, OR OTHER PREGNANCY-RELATED AILMENT PRIOR TO DELIVERY [WOMEN ONLY] FOR MATERNITY-RELATED DISABILITY AND TO CARE FOR A NEWBORN [WOMEN ONLY] MISCARRIAGE TO CARE FOR NEWBORN TO CARE FOR NEWLY ADOPTED CHILD TO CARE FOR NEWLY PLACED FOSTER CHILD CHILD'S HEALTH CONDITION SPOUSE'S HEALTH CONDITION PARENT'S HEALTH CONDITION0 OTHER RELATIVE'S HEALTH CONDITION1 OTHER NON-RELATIVE'S HEALTH CONDITION2	KEPT BUT CHANGED	A5	Revised question wording and reference period (last 18 months); Revised response categories; First loop asks about longest leave and second loop asks about most recent leave
A3a/1	OVERLAY. [SPECIFY R'S HEALTH CONDITION OR ASK] What health condition did you have? [RECORD RESPONSE VERBATIM; 90 CHARACTERS/2 LINES]		KEPT BUT CHANGED	A10	Revised question wording (nature of health condition)
A3a/8	OVERLAY. [SPECIFY CHILD'S HEALTH CONDITION OR ASK] What health condition did your child have? [RECORD VERBATIM; 90 CHARACTERS/2 LINES]		KEPT BUT CHANGED	A10	Revised question wording (nature of health condition)
A3a/9	OVERLAY. [SPECIFY SPOUSE'S HEALTH CONDITION OR ASK] What health condition did your spouse have? [RECORD VERBATIM; 90 CHARACTERS/2 LINES]		KEPT BUT CHANGED	A10	Revised question wording (nature of health condition)
A3a/10	OVERLAY. [SPECIFY PARENT'S HEALTH CONDITION OR ASK] What health condition did your parent have? [RECORD VERBATIM; 90 CHARACTERS/2 LINES]		KEPT BUT CHANGED	A10	Revised question wording (nature of health condition)
A3a/11	OVERLAY. [SPECIFY RELATION TO R OR ASK] What is that person's relationship to you?	GRANDCHILD GRANDPARENT SIBLING OTHER (SPECIFY)__(35 CHAR)___1	KEPT BUT CHANGED	A6	Revised/added a response category (Aunt/Uncle)
A3a/12	OVERLAY. [SPECIFY RELATION TO R OR ASK] What is that person's relationship to you?	DOMESTIC PARTNER OTHER (SPECIFY)__(35 CHAR)___1	KEPT BUT CHANGED	A7	Revised/added response categories
A3b	Did {you/your child/your spouse/your parent} require a		KEPT BUT	A11	Revised question wording

2000 Question Number, In Original Order	Question Text	Response Categories	Disposition	2012 Variable Name	Notes
	doctor's care?		CHANGED		
A3c	{Were/Was} {you/your child/your spouse/your parent} in the hospital overnight?	YES NO	KEPT BUT CHANGED	A12	Revised question wording
A3d	Over how long a period of time did this leave last? [IF STILL ON THIS LEAVE, STATE "so far."]	DAYS WEEKS MONTHS	KEPT BUT CHANGED	A13, A16, A17	Combined into new A13, A16, and A17
A3e	Were you off work that entire time?	YES [SKIP TO NEXT PROGRAMMING NOTE] NO	KEPT BUT CHANGED	A14	Revised question wording
A3f	How much time were you actually away from work? [ENTRY SHOULD BE LESS THAN {ANSWER FROM QA3d}. IF RESPONSE IS GREATER, PLEASE VERIFY.]	DAYS WEEKS MONTHS	KEPT BUT CHANGED	A19	Revised question wording; Revised response categories (added Hours)
A3g	How much time were you away from work after the birth of your child?	DAYS WEEKS MONTHS REFUSED DON'T KNOW	DROPPED		
A4	Now I'm going to briefly ask you about your other leave(s). What was the reason for the second longest leave you have taken since January 1, 1999?	OWN HEALTH CONDITION, EXCEPT MATERNITY-RELATED ILLNESS [WOMEN ONLY] FOR MATERNITY-RELATED DISABILITY, OR OTHER PREGNANCY-RELATED AILMENT PRIOR TO DELIVERY [WOMEN ONLY] FOR MATERNITY-RELATED DISABILITY AND TO CARE FOR A NEWBORN [WOMEN ONLY] MISCARRIAGE TO CARE FOR NEWBORN TO CARE FOR NEWLY ADOPTED CHILD TO CARE FOR NEWLY PLACED FOSTER CHILD CHILD'S HEALTH CONDITION SPOUSE'S HEALTH CONDITION PARENT'S HEALTH CONDITION0 OTHER RELATIVE'S HEALTH CONDITION1 OTHER NON-RELATIVE'S HEALTH CONDITION2	KEPT BUT CHANGED	A20, A5	Revised into A5- 2 nd loop for most recent leave
A4a/1	OVERLAY. [SPECIFY R'S HEALTH CONDITION OR ASK] What health condition did you have? [RECORD		KEPT BUT CHANGED	A10	Revised question wording (nature of health condition)

2000 Question Number, In Original Order	Question Text	Response Categories	Disposition	2012 Variable Name	Notes
	RESPONSE VERBATIM; 90 CHARACTERS/2 LINES]				
A4a/8	OVERLAY. [SPECIFY CHILD'S HEALTH CONDITION OR ASK] What health condition did your child have? [RECORD VERBATIM; 90 CHARACTERS/2 LINES]		KEPT BUT CHANGED	A10	Revised question wording (nature of health condition)
A4a/9	OVERLAY. [SPECIFY SPOUSE'S HEALTH CONDITION OR ASK] What health condition did your spouse have? [RECORD VERBATIM; 90 CHARACTERS/2 LINES]		KEPT BUT CHANGED	A10	Revised question wording (nature of health condition)
A4a/10	OVERLAY. [SPECIFY PARENT'S HEALTH CONDITION OR ASK] What health condition did your parent have? [RECORD VERBATIM; 90 CHARACTERS/2 LINES]		KEPT BUT CHANGED	A10	Revised question wording (nature of health condition)
A4a/11	OVERLAY. [SPECIFY RELATION TO R OR ASK] What is that person's relationship to you?	GRANDCHILD GRANDPARENT SIBLING OTHER (SPECIFY)__(35 CHAR)__1	KEPT BUT CHANGED	A6	Revised/added a response category (Aunt/Uncle)
A4a/12	OVERLAY. [SPECIFY RELATION TO R OR ASK] What is that person's relationship to you?	DOMESTIC PARTNER OTHER (SPECIFY)__(35 CHAR)__1	KEPT BUT CHANGED	A7	Revised/added response categories
A4b	Did {you/your child/your spouse/your parent} require a doctor's care?	YES NO [KEPT BUT CHANGED	A11	Revised question wording
A4c	{Were/Was} {you/your child/your spouse/your parent} in the hospital overnight?	YES NO	KEPT BUT CHANGED	A12	Revised question wording
A4d	Over how long a period of time did this leave last? [IF STILL ON THIS LEAVE, STATE "so far."]	[[[[]] DAYS WEEKS MONTHS	KEPT BUT CHANGED	A13, A16, A17	Combined into new A13, A16, and A17
A4e	Were you off work that entire time?	YES NO	KEPT BUT CHANGED	A14	Revised question wording
A4f	How much time were you actually away from work? [ANSWER SHOULD BE LESS THAN {ANSWER FROM QA4d}. IF GREATER, PLEASE VERIFY.]	[[[[]] DAYS WEEKS MONTHS	KEPT BUT CHANGED	A19	Revised question wording; Revised response categories (added Hours)
A4g	How much time were you away from work after the birth of your child?	[[[[]]DAYS WEEKS MONTHS	DROPPED		

2000 Question Number, In Original Order	Question Text	Response Categories	Disposition	2012 Variable Name	Notes
A5	You said before that you took {NUMBER FROM QA2} leaves since January 1, 1999. We just asked you about your two longest leaves. What {was/were} the reason{s} for the {other/other {NUMBER FROM QA2 MINUS 2}} leave{s} you took since January 1, 1999? [CODE UP TO 4 RESPONSES.]	OWN HEALTH CONDITION, EXCEPT MATERNITY-RELATED ILLNESS [WOMEN ONLY] FOR MATERNITY-RELATED DISABILITY, OR OTHER PREGNANCY-RELATED AILMENT PRIOR TO DELIVERY [WOMEN ONLY] FOR MATERNITY-RELATED DISABILITY AND TO CARE FOR A NEWBORN [WOMEN ONLY] MISCARRIAGE TO CARE FOR NEWBORN TO CARE FOR NEWLY ADOPTED CHILD TO CARE FOR NEWLY PLACED FOSTER CHILD CHILD'S HEALTH CONDITION SPOUSE'S HEALTH CONDITION PARENT'S HEALTH CONDITION0 OTHER RELATIVE'S HEALTH CONDITION1 OTHER NON-RELATIVE'S HEALTH CONDITION2	DROPPED		
A5b	Sometimes people alternate between work and leave. That is, they repeatedly take leave for a few hours or days at a time because of ongoing family or medical reasons. Have you taken this kind of leave since January 1, 1999?	YES NO	KEPT BUT CHANGED	A14	Revised question wording
A5c	Was this kind of leave less than half, about half, or more than half of all the time you spent on family or medical leave since January 1, 1999?	LESS THAN HALF ABOUT HALF MORE THAN HALF	DROPPED		
A6	Is your current leave the longest leave you have taken since January 1, 1999?	YES NO	KEPT BUT CHANGED	A20	Revised question wording (asks about reason for most recent leave)
	Was the leave you just told me about taken under the federal Family and Medical Leave Act?	YES NO	KEPT BUT CHANGED	A21	Revised question wording (question does not specifically mention FMLA); Revised response categories
	{Please think about the most recent time you needed leave}. At the time you {took/took your longest/needed/most recently needed} leave, {do you think you were/Do you think you are} eligible to take advantage of the federal Family and Medical Leave Act?	YES NOGO TO QC7]	DROPPED		

2000 Question Number, In Original Order	Question Text	Response Categories	Disposition	2012 Variable Name	Notes
A7	I'm going to read you some reasons why some people might be worried about taking family or medical leave. For each of these, please tell me if you were worried. Were you worried about taking family or medical leave.		DROPPED		
	a. Because you thought you might lose your job if you took leave? b. Because you thought taking leave might hurt your job advancement? c. Because you would lose your seniority? d. Because you worried about not having enough money to pay bills	YES NO			
A8	Please think about the leave that lasted the longest when you answer the rest of the questions during this interview. Did you take the leave all at once or did you alternate between work and leave?	ALL AT ONCE ALTERNATED BOTH	KEPT BUT CHANGED	A14	Revised question wording
A8a	Did you take leave on a regular routine or as needed?	REGULAR ROUTINE AS NEEDED	DROPPED		
A9	Did you lose any of your benefits during your leave or didn't you have any?	YES NO DIDN'T HAVE ANYGO TO QA10]	COMBINED	A44	Combined A9 and A9a; Revised/added response categories
A9a	What benefits did you lose? [PROBE: Anything else?] [CODE ALL THAT APPLY.]	HEALTH INSURANCE LIFE INSURANCE DISABILITY INSURANCE PENSION CONTRIBUTIONS OTHER (SPECIFY)_(35 CHAR)_____ 91	COMBINED	A44	Combined A9 and A9a; Revised/added response categories
A10	Did you receive pay for any part of your {longest} leave?	YES NO	KEPT BUT CHANGED	A45	Revised question wording (refers to most recent leave instead of longest)
A10a	Was the pay you received part of...		KEPT BUT CHANGED	A46, A48	Revised/added benefit categories
	a. Your sick leave? b. Your vacation leave? c. Personal leave? d. Parental leave?	YES NO	KEPT BUT CHANGED	A48	Revised question wording ("Temporary disability insurance" removed and asked in new A48 with other types of paid leave)

2000 Question Number, In Original Order	Question Text	Response Categories	Disposition	2012 Variable Name	Notes
	e. Temporary disability insurance? f. Some other benefit?				
A10b	OVERLAY What benefit is that? [RECORD BENEFIT VERBATIM; 135 CHARACTERS/3 LINES]		DROPPED		
A10c	Did you receive your full pay for the entire time you were on {[your longest]} leave?	YESGO TO QA12] NO	DROPPED		
A10d	Did you receive at least some pay for each pay period that you were on {[your longest]} leave?	YES NO	DROPPED		
A10e	When you received this pay, was it for your full salary or only for part of your salary?	FULL PART	KEPT BUT CHANGED	A49	Revised question wording
A10f	Over the entire time you were on {[your longest]} leave, about how much of your usual pay did you receive in total? Would you say...	Less than half, About half, or More than half?	KEPT BUT CHANGED	A50	Revised question wording (refers to most recent leave instead of longest); Revised/added response categories
A11	In order to cover lost wages or salary during the leave, did you...		KEPT BUT CHANGED	A53	Revised question wording in item c
	a. Use savings that you had earmarked for this situation? b. Use savings earmarked for something else? c. Borrow money to cover lost wages? d. Go on public assistance? e. Limit extras? f. Put off paying your bills? g. Cut your leave time short? h. Do anything else? (SPECIFY)____(35 CHAR)____	YES NO			
A11b	How easy or difficult was it for you to make ends meet during your {[longest]} leave? Would you say...	Very easy, Somewhat easy, Neither easy nor difficult, Somewhat difficult, or Very difficult?	KEPT BUT CHANGED	A54	Revised question wording (refers to most recent leave instead of longest – omits "longest")
A11c	If you had received {some/additional} pay, would you have taken leave for a longer period of time?	YES NO	KEPT	A55	

2000 Question Number, In Original Order	Question Text	Response Categories	Disposition	2012 Variable Name	Notes
A12	Would you say using family and medical leave had a positive effect or no effect at all on...		DROPPED		
	a. Your ability to care for family members? b. Your ability to select a satisfactory childcare provider? c. Your ability to select a satisfactory caretaker for a sick family member? d. Your or your family member's physical health? e. Your or your family member's emotional well-being?	POSITIVE NO EFFECT			
A13	Which effects did your family and medical leave have on your or your family member's physical health? Would you say...		DROPPED		
	a. A quicker recovery time b. It was easier to comply with doctor's instructions c. It delayed or avoided need to enter nursing home or other long-term care facility, or d. Was there another effect (SPECIFY)?__ (35 CHAR)	YES NO			
A14	Now I'm going to ask you some questions about how your work was covered while you were away on your leave. By cover your work, we mean what your employer did while you were away on leave to make sure that the work you usually did was completed. Did your employer:		KEPT BUT CHANGED	A52	Revised question wording for response categories
	a. Cover your work by assigning it to other employees? b. Hire a permanent employee? c. Hire an outside temporary worker? d. Leave your work for you when you returned?	YES NO			
A14a	Which method was used most often?	WORK ASSIGNED TO OTHER EMPLOYEES PERMANENT EMPLOYEE HIRED OUTSIDE TEMPORARY WORKER HIRED EMPLOYER LEFT WORK FOR LEAVE WORK FOR YOUR RETURN	DROPPED		
A15	After your leave ended, did you go back to work for the same employer, a new employer, or did you not return to work at all?	SAME EMPLOYER NEW EMPLOYER NOT RETURN TO WORK	KEPT	A59	

2000 Question Number, In Original Order	Question Text	Response Categories	Disposition	2012 Variable Name	Notes
A15a	Why didn't you return to work?	OBTAINED OTHER INCOME SOURCE (SELF-EMPLOYED) HEALTH CONDITION CONTINUED (ILLNESS CONTINUES) LAID OFF / FIRED / REPLACED DIDN'T WANT TO RETURN TO WORK COULDN'T FIND CHILD CARE Other (SPECIFY)__(35 CHAR)_____ 1	KEPT BUT CHANGED	A61	Revised/added new response categories
A16	Was a reason you returned to work because you no longer needed to be on leave	YES NO REFUSED DON'T KNOW	COMBINED	A62	Combined with old A17
A17	Was a reason you returned to work because...		COMBINED	A62	Combined with old A16. Revised wording in item f; added new items
	a. You could not afford financially to take more time off? b. You just wanted to get back to work? c. You used up all the leave time you were allowed? d. You felt pressured by your boss or co-workers to return? e. You had too much work to do to stay away longer? f. Someone else took over care?	YES NO			
A18	After your leave, did you return to the same or an equal position, a higher position, or a lower position than you had before the leave?	SAME OR EQUAL POSITION HIGHER POSITION] LOWER POSITION	KEPT BUT CHANGED	A63	Revised question wording; Revised response categories (same position, similar position, better position, worse position)
A18a	Did you choose to take a lower position or did your employer ask you to take a lower position?	CHOSE LOWER POSITION EMPLOYER ASKED	KEPT BUT CHANGED	A64	Revised question wording; Revised response categories (chose different position, employer asked, assigned to different position)
A19	Now I'm going to ask you some questions about your feelings regarding your leave. How easy or difficult was it to get your employer to let you take time off? Would you say it was...	Very easy, Somewhat easy, Neither easy nor difficult, Somewhat difficult, or Very difficult?	DROPPED		

2000 Question Number, In Original Order	Question Text	Response Categories	Disposition	2012 Variable Name	Notes
A20	How satisfied were you with the amount of time you took off? Would you say you were...	Very satisfied, Somewhat satisfied, Neither satisfied nor dissatisfied, Somewhat dissatisfied, or Very dissatisfied?	DROPPED		
A21	Since January 1, 1999, have you ever been denied leave to take care of family or medical problems?	YES NO	COMBINED	B15d	Incorporated into old B3 loop
A22	Were you denied leave...		KEPT BUT CHANGED	B19	Revised/added new categories; Revised wording in item d
	a. Because your employer does not offer family or medical leave? b. Because you hadn't worked for your employer long enough to be eligible for family or medical leave? c. Because you had worked too few hours in the previous year? d. Because you had no leave left? e. For other reasons? (SPECIFY)____(90 CHAR)_____	YES NO			
B1	I want to confirm with you that since January 1, 1999 you wanted to take leave from work but did not for an event in your family such as: • the arrival of a newborn, newly adopted or new foster child; • reasons related to your or a family member's pregnancy; or • the serious health condition of yourself, your child, spouse, or parent. A serious health condition is one that lasted more than 3 days or required an overnight hospital stay. Is that correct? [Have you wanted but not taken leave from work for one or more of these reasons?]	YES NO	KEPT BUT CHANGED	B2	Revised question wording (added new reason for care of military member and reference period changed to last 18 months)
B1a	Did you actually take leave since January 1, 1999 for any of the events I just described?	YES NO	DROPPED		
B1b	Was there an event like this since January 1, 2000?	YES NO	KEPT BUT CHANGED	B3	Revised question wording (reference period changed to last 12 months)

2000 Question Number, In Original Order	Question Text	Response Categories	Disposition	2012 Variable Name	Notes
B2	{Thinking of the times you needed leave since January 1, 1999, what/What} were the reasons you needed to take leave from work? [CODE UP TO 4 RESPONSES]	OWN HEALTH CONDITION, EXCEPT MATERNITY-RELATED ILLNESS [WOMEN ONLY] FOR MATERNITY-RELATED DISABILITY, OR OTHER PREGNANCY-RELATED AILMENT PRIOR TO DELIVERY [WOMEN ONLY] FOR MATERNITY-RELATED DISABILITY AND TO CARE FOR A NEWBORN [WOMEN ONLY] MISCARRIAGE TO CARE FOR NEWBORN TO CARE FOR NEWLY ADOPTED CHILD TO CARE FOR NEWLY PLACED FOSTER CHILD CHILD'S HEALTH CONDITION SPOUSE'S HEALTH CONDITION PARENT'S HEALTH CONDITION0 OTHER RELATIVE'S HEALTH CONDITION1 OTHER NON-RELATIVE'S HEALTH CONDITION2	KEPT BUT CHANGED	B6	Revised question wording (reference period changed to last 18 months); Revised/added new response options (asked for up to 3 reasons)
B2a/1	[SPECIFY R'S HEALTH CONDITION OR ASK] What health condition did you have? [RECORD RESPONSE VERBATIM; 90 CHARACTERS/2 LINES]		KEPT BUT CHANGED	B11	Revised question wording (nature of health condition)
B2a/8	OVERLAY. [SPECIFY CHILD'S HEALTH CONDITION OR ASK] What health condition did your child have? [RECORD VERBATIM; 90 CHARACTERS/2 LINES]		KEPT BUT CHANGED	B11	Revised question wording (nature of health condition)
B2a/9	OVERLAY. [SPECIFY SPOUSE'S HEALTH CONDITION OR ASK] What health condition did your spouse have? [RECORD VERBATIM; 90 CHARACTERS/2 LINES]		KEPT BUT CHANGED	B11	Revised question wording (nature of health condition)
B2a/810	OVERLAY. [SPECIFY PARENT'S HEALTH CONDITION OR ASK] What health condition did your parent have? [RECORD VERBATIM; 90 CHARACTERS/2 LINES]		KEPT BUT CHANGED	B11	Revised question wording (nature of health condition)
B2a/11	OVERLAY. [SPECIFY RELATION TO R OR ASK] What is that person's relationship to you?	GRANDCHILD GRANDPARENT SIBLING OTHER (SPECIFY)__(35 CHAR)___1	KEPT BUT CHANGED	B7	Added new response option (Aunt/Uncle)
B2a/12	OVERLAY. [SPECIFY RELATION TO R OR ASK] What is that person's relationship to you?	DOMESTIC PARTNER OTHER (SPECIFY)__(35 CHAR)___1	KEPT BUT CHANGED	B8	Revised/added response options
B2a	How many different times did you need leave but not take	_	KEPT BUT	B4	Revised question wording

2000 Question Number, In Original Order	Question Text	Response Categories	Disposition	2012 Variable Name	Notes
	it, since January 1, 1999?		CHANGED		(changed reference period to last 18 months)
B2b	What was the most recent reason you needed to take leave from work? [CODE ONLY ONE]	OWN HEALTH CONDITION, EXCEPT MATERNITY-RELATED ILLNESS [WOMEN ONLY] FOR MATERNITY-RELATED DISABILITY, OR OTHER PREGNANCY-RELATED AILMENT PRIOR TO DELIVERY [WOMEN ONLY] FOR MATERNITY-RELATED DISABILITY AND TO CARE FOR A NEWBORN [WOMEN ONLY] MISCARRIAGE TO CARE FOR NEWBORN TO CARE FOR NEWLY ADOPTED CHILD TO CARE FOR NEWLY PLACED FOSTER CHILD CHILD'S HEALTH CONDITION SPOUSE'S HEALTH CONDITION PARENT'S HEALTH CONDITION0 OTHER RELATIVE'S HEALTH CONDITION1 OTHER NON-RELATIVE'S HEALTH CONDITION2	COMBINED	B6	Combined with old B2; Revised language for first response option
B2c	How many different times did you need leave for the {first/second/third/fourth} reason you mentioned? [REASON FROM QB2]		KEPT BUT CHANGED	B14	Revised question wording
B2d	Did {you/your child/your spouse/your parent} require a doctor's care?	YES NO	KEPT BUT CHANGED	B12	Revised question wording
B2e	{Were/Was} {you/your child/your spouse/your parent} in the hospital overnight?	YES NO	KEPT BUT CHANGED	B13	Revised question wording
B3	I'm going to read some reasons people don't take leave from work. Please answer yes or no to all that apply. Was a reason you didn't take {a leave/the leaves you needed} because...		KEPT BUT CHANGED	B15	Revised question wording (added new categories and removed d and e ineligible categories to new separate questions - B16-B17)

2000 Question Number, In Original Order	Question Text	Response Categories	Disposition	2012 Variable Name	Notes
	a. You thought you might lose your job? b. You thought you might hurt your job advancement? c. You didn't want to lose your seniority? d. You weren't eligible because you only worked part-time? e. You hadn't worked for your employer long enough to be eligible? f. Your employer denied your request? g. You couldn't afford to? h. You wanted to save your leave time? i. Your work is too important? or j. Was there some other reason you didn't take leave (SPECIFY/35)	YES NO			
B3a	If you had received some or additional pay, would you have taken leave?	YES NO	DROPPED		
B4	Since you did not take leave, what did you do to take care of your situation? [RECORD RESPONSE VERBATIM; 135 CHARACTERS/3 LINES]		KEPT BUT CHANGED	B20	Revised question from free text to ask specific categories
C0a	I want to confirm with you that since January 1, 1999, you have not taken or needed to take a leave from work: • for the care of a newborn, newly adopted or new foster child; • for reasons related to your or a family member's pregnancy; or • for yourself, your child, spouse, or parent because of a serious health condition. A serious health condition is one that lasted more than 3 days or required an overnight hospital stay. Is this correct? [You have not needed or taken leave from work for any of these reasons?]	YES NO	KEPT BUT CHANGED	C1	Revised question wording (added new reason for care of military member; reference period changed to last 18 months)
C0	Have you been employed at all since January 1, 1999?	YES NO	KEPT BUT CHANGED	S9, E1	Revised question wording (changed reference period; ask about employment status in S9 and E1)

2000 Question Number, In Original Order	Question Text	Response Categories	Disposition	2012 Variable Name	Notes
C1	Do you currently take care of a newborn, newly adopted or new foster child, or a relative with a serious health condition on a daily basis?	YES NO	DROPPED		
C1a	Whom do you care for? [CODE UP TO 3 RESPONSES]	NEWBORN NEWLY ADOPTED NEW FOSTER CHILD CHILD SPOUSE PARENT OTHER RELATIVE OTHER NON-RELATIVE	DROPPED		
C1a7	OVERLAY. [SPECIFY RELATION TO R OR ASK] What is that person's relationship to you?	GRANDCHILD GRANDPARENT SIBLING OTHER (SPECIFY)__(35 CHAR)___	DROPPED		
C1a8	OVERLAY. [SPECIFY RELATION TO R OR ASK] What is that person's relationship to you?	DOMESTIC PARTNER OTHER (SPECIFY)__(35 CHAR)___	DROPPED		
C1d	For the next question, please think about time you took off from work since January 1, 1999, because you were sick. What was the largest number of sick days in a row that you took off from work in this time period?	_ _	DROPPED		
C1e	Earlier we discussed whether you had taken leave from work for a family or medical reason since January 1, 1999. Now think about the period from 1995 through 1998. During that time, did you take leave from work: • for the care of a newborn, newly adopted or new foster child; • for reasons related to your or a family member's pregnancy; or • for yourself, your child, spouse, or parent because of a serious health condition? A serious health condition is one that lasted more than 3 days or required an overnight hospital stay.	YES NO	DROPPED		

2000 Question Number, In Original Order	Question Text	Response Categories	Disposition	2012 Variable Name	Notes
C2	Over the next 5 years, how likely do you think it is that you will need to take a leave from work for your own serious health condition, the serious health condition of your child, spouse, or parent, or for the arrival of a newborn, newly adopted, or new foster child. Would you say it was...	Very likely, Somewhat likely, Somewhat unlikely, or Very unlikely?	DROPPED		
C2a	Who do you think that person or persons will be? [CODE UP TO 4 RESPONSES]	YOURSELF NEWBORN NEWLY ADOPTED NEW FOSTER CHILD CHILD SPOUSE PARENT OTHER RELATIVE OTHER NON-RELATIVE	DROPPED		
C2a/8	OVERLAY. [SPECIFY RELATION TO R OR ASK] What is that person's relationship to you?	GRANDCHILD GRANDPARENT SIBLING OTHER (SPECIFY)____(35 CHAR)____1	DROPPED		
C2a/9	OVERLAY. [SPECIFY RELATION TO R OR ASK] What is that person's relationship to you?	DOMESTIC PARTNER OTHER (SPECIFY)__(35 CHAR)__1	DROPPED		
C3	Have you ever heard about the federal Family and Medical Leave Act?	YES NO	KEPT	E2	Moved to Employment Section
C4	How did you first learn about the federal Family and Medical Leave Act?	MEDIA (TV, NEWSPAPERS, ETC.) CO-WORKERS EMPLOYER GAVE OUT INFORMATION POSTERS INTERNET FAMILY MEMBER UNION GAVE OUT INFORMATION OTHER (SPECIFY)____(35 CHAR)____1	KEPT BUT CHANGED	E3	Revised question wording (dropped internet category; revised item 3 and added an item)
C5	{Please think about the most recent time you needed leave}. At the time you {took/took your longest/needed/most recently needed} leave, {do you think you were/Do you think you are} eligible to take advantage of the federal Family and Medical Leave Act?	YES NOGO TO QC7]	DROPPED		

2000 Question Number, In Original Order	Question Text	Response Categories	Disposition	2012 Variable Name	Notes
C6	Was the leave you just told me about taken under the federal Family and Medical Leave Act?	YES NO	DROPPED		
C7	Prior to January 1, 1999, had you ever taken leave from a job under the federal Family and Medical Leave Act?	YES NO	DROPPED		
C8	Are you currently employed?	YES NO	KEPT	E1	
C9	At your place of employment, {is/was} there a notice posted that explains the federal Family and Medical Leave Act?	YES NO	KEPT BUT CHANGED	E4	Revised question wording (refers to current place of employment only)
C10	You told me earlier that you had been denied leave. Were you denied leave because you reached the FMLA limit of 12 weeks?	YES NO	KEPT BUT CHANGED	B19d	Revised question wording (question does not specify FMLA limit of 12 weeks; Changed to: Denied because you used up all the leave time you were allowed)
C11	Please tell me whether you agree or disagree with the following statements:		DROPPED		
	a. Every employee should be able to have up to 12 weeks of unpaid leave in a year from work for family and medical problems b. Having to provide employees with up to 12 weeks of unpaid leave in a year for family and medical problems is an unfair burden to employees' co-workers	AGREE DISAGREE			
C11c	Since January 1, 1999, have any co-workers where you work{ed} taken leave for family or medical reasons?	YES NO	KEPT BUT CHANGED	E5	Revised question wording (changed reference period to last 18 months)
C11d	As a result of these co-workers taking leave, did you...		KEPT BUT CHANGED	E6	Revised question wording (added new item)
	a. Work more hours than you usually do? b. Work a shift that you do not normally work? c. Take on additional duties?	YES NO			
C11e	Would you say that your co-workers taking leave had a positive impact on you, a negative impact on you, or neither?	POSITIVE NEGATIVE NEITHER	DROPPED		

2000 Question Number, In Original Order	Question Text	Response Categories	Disposition	2012 Variable Name	Notes
C12	I'm going to read a list of benefits that some employers offer to their employees. For each, please tell me if it {USE DISPLAY FROM PROGRAMMING NOTE}.		KEPT BUT CHANGED	E7	Revised question wording; Dropped D-I and added new items
	a. Flextime b. Flexplace or telecommuting c. Job sharing d. Referral services for child care e. Vouchers for child care f. Onsite child care g. Referral services for elder care h. Adoption assistance i. Employee Assistance Program j. Paid parental leave k. Workplace provision for lactation	YES NO DEPENDS ON CIRCUMSTANCES 3			
C12a	Of those offered, which two are the most important to you?	FLEXTIME FLEXPLACE/TELECOMMUTING JOB SHARING REFERRAL SERVICES FOR CHILD CARE VOUCHERS FOR CHILD CARE ONSITE CHILD CARE REFERRAL SERVICES FOR ELDER CARE ADOPTION ASSISTANCE EMPLOYEE ASSISTANCE PROGRAM PAID PARENTAL LEAVE0 WORKPLACE PROVISION FOR LACTATION1 REFUSED DON'T KNOW	DROPPED		
C13	{Does/Did} your employer allow you to take leave for the following reasons?		DROPPED		
	a. To take part in children's school and early childhood educational activities? b. To attend to routine family medical needs? c. To help with elderly relatives' health care needs?	YES NO DEPENDS			
C13a	Since January 1, 1999, have you taken this type of leave?	YES NO	DROPPED		

2000 Question Number, In Original Order	Question Text	Response Categories	Disposition	2012 Variable Name	Notes
C13b	Have you needed to take this kind of leave?	YES NO	DROPPED		
C14	{Were/Are} you salaried on {that/this} job, paid by the hour, or what? [CODE ALL THAT APPLY]	SALARIED HOURLY PIECEWORK/COMMISSION OTHER/COMBINATION	KEPT BUT CHANGED	E9	Revised question wording (refers to current place of employment only)
C14a	{Were/Are} you a contract worker?	YES NO	KEPT BUT CHANGED	E10	Revised question wording (read in present tense only)
C15	At the place where you work{ed}, (for example the site – store, building) would you say there {were/are} 50 or more employees?	YES NO	KEPT BUT CHANGED	E11	Revised question wording (refers to current place of employment only)
C15a	Counting all of the sites in your organization, would you say there {were/are} 50 or more employees within 75 miles of where you work{ed}?	YES NO	KEPT BUT CHANGED	E12	Old C15a and C15b combined into new question with numeric response ranges
C15b	Counting all of the sites in your organization, would you say there {were/are} 25 or more employees within 75 miles of where you work{ed}?	YES NO	KEPT BUT CHANGED	E12	Old C15a and C15b combined into new question with numeric response ranges
C16	{Since/During the time you were employed between} January 1, 1999 and the present, {have/had} you worked continuously for the same employer {except for the leave you just told me about}?	YES NO	KEPT BUT CHANGED	E13	Revised question wording (changed reference period to last 12 months)
C17	{{Since/During the time you were employed between} January 1, 1999 and the present, {have/had} you always been a full-time employee {except for the leave you just told me about}?	YES NO	KEPT BUT CHANGED	E14	Revised question wording (changed reference period to last 12 months)
C18	{Since/During the time you were employed between} January 1, 1999 and the present, how many hours per week did you work on average?		KEPT BUT CHANGED	E15	Revised question wording (changed reference period to last 12 months)
C19	{DISPLAY FILL FROM PROGRAMMING NOTE}, for how many months from January 1, 1999 to the present did you work for that employer?		DROPPED		
C19a	On average, how many hours a week did you work for that employer?		DROPPED		

2000 Question Number, In Original Order	Question Text	Response Categories	Disposition	2012 Variable Name	Notes
D1	Are you currently...	Married; Living with a partner; Separated; Divorced; Widowed; or Never married?	KEPT	D10	
D2	Are you Spanish, Hispanic or Latino?	YES NO	KEPT BUT CHANGED	D5	Revised question wording
D2b	Please tell me which of the following best describes your race. Would you say...	White, Black or African American, American Indian or Alaska Native, Asian Native Hawaiian or Pacific Islander? SOMETHING ELSE SPECIFY)__(35 CHAR)___1	KEPT BUT CHANGED	D6	Revised question wording; Changed order of response categories
D3	How many of your own children under 18 years old do you have living with you?	_ _	KEPT BUT CHANGED	D7	Revised question wording
D4	What is the highest level of education you have completed?	LESS THAN HIGH SCHOOL SOME HIGH SCHOOL HIGH SCHOOL GRADUATE OR GED SOME COLLEGE COLLEGE GRADUATE GRADUATE SCHOOL	KEPT BUT CHANGED	D1	Revised response categories
D5	{Were/Are} you employed by government, by a private company, a non-profit organization or {were/are} you self-employed?	GOVERNMENT PRIVATE FOR PROFIT NON-PROFIT ORGANIZATION INCLUDING TAX EXEMPT AND CHARITABLE ORGANIZATIONS SELF EMPLOYED WORKING IN FAMILY BUSINESS	KEPT BUT CHANGED	S10	Revised question wording and incorporated into matrix of household member questions
D5a	Would that be the federal, state or local government?	FEDERAL STATE LOCAL REFUSED DON'T KNOW	KEPT BUT CHANGED	D2	Revised question wording (added transition statement)

2000 Question Number, In Original Order	Question Text	Response Categories	Disposition	2012 Variable Name	Notes
D6	To get a picture of people's financial situation we need to know the general range of income of all people we interview. Now, thinking about your total family income before taxes from all sources including your job {and your spouse's job}, how much did you receive in 1999?	[HR:0- 9999999]	KEPT BUT CHANGED	D4	Revised question wording and changed reference period
D6a	Was your family income \$35,000 or more in 1999?	YES NO	KEPT	D4a	
D6b	Was it \$40,000 or above?	YES NO	KEPT	D4b	
D6c	Was it \$50,000 or above?	YES NO	KEPT	D4c	
D6d	Was it \$75,000 or above?	YES NO	KEPT	D4d	
D6e	Was it \$100,000 or above?	YES NO	KEPT	D4e	
D6f	Was it \$30,000 or above?	YES NO	KEPT	D4f	
D6g	Was it \$20,000 or above?	YES NO	KEPT	D4g	
D6h	Was it \$10,000 or above?	YES NO	KEPT	D4h	
D6j	Was it \$5,000 or above?	YES NO	KEPT	D4j	
	How many adults age 18 or over live in your household? Let's start with you.	[RANGE 1-11, 99 DK/REF SOFT REFUSAL]	NEW	S5	
	Now thinking about your telephone use, do you have a working cell phone?	YES, HAVE CELL PHONE NO, DO NOT HAVE A CELL PHONE DK/REF	NEW	T1	
	How many working cell phones do YOU personally have?	RECORD NUMBER1-6 DK/REF	NEW	T2	
	Thinking about the other adults in your household, how many working cell phones in total do THEY have?	RECORD NUMBER1-6 DK/REF	NEW	T3	
	Is a cell phone your ONLY phone, or do you also have a regular landline telephone at home?	CELL PHONE IS ONLY PHONE HAVE LANDLINE TELEPHONE AT HOME DK/REF	NEW	T4	

2000 Question Number, In Original Order	Question Text	Response Categories	Disposition	2012 Variable Name	Notes
	How many different residential phone NUMBERS do you have coming into your household, not including lines dedicated to a fax machine, modem, or used strictly for business purposes? Do not include cellular phones	RECORD NUMBER1-6 DK/REF	NEW	T5	
	Of all the telephone calls that you [or your family] receive, are:	All or almost all calls received on cell phones Some received on cell phones and some on regular phones Very few or none on cell phones? DK/REF	NEW	T6	
	[FILL QS6 AX] has been selected as the respondent for this survey. May I please speak to [FILL QS6 AX] for the rest of the interview?	YES/PHONE HANDED OFF NOT AVAILABLE ALTERNATE NUMBER PROVIDED DK/REF	NEW	HANDOFF1	
	Was there an event like this IN THE LAST YEAR [12 MONTHS, INSERT DATE]?	YES NO DK REF	NEW	A2	
	[IF QS8=9 FOR SELECTED RESPONDENT:]	MALE FEMALE DK	NEW	GUESSGENDER 1	
	For how many TOTAL reasons or conditions did you take leave from work IN THE PAST YEAR, that is since [INSERT 12 MONTH PERIOD]?	RANGE: 0-100 DK REF	NEW	A4a	
	What type of deployment-related issue did you need to address for this leave?	Events or activities sponsored by the military before deployment Childcare or school activities Financial or legal arrangements Non-medical counseling Short-notice deployment Events or activities sponsored by the military after the military member returned Issues arising from the death of a military member OTHER DK REF9	NEW	A5a	

2000 Question Number, In Original Order	Question Text	Response Categories	Disposition	2012 Variable Name	Notes
	What was the age of your care recipient?	0-1 YEARS 2-17 YEARS 18-40 YEARS 41-59 YEARS 60-69 YEARS 70-79 YEARS 80-89 YEARS 90 OR OLDER DK (VOL) REF (VOL)	NEW	A8	
	Was this leave taken in order to care for a member of the military for a service-related health condition or injury?	YES NO	NEW	A9	
	What is that person's relationship to you?	SPOUSE PARENT SON OR DAUGHTER NEXT OF KIN 4 OTHER DK REF	NEW	A9a	Added military member's relationship to the respondent
	What was the nature of this health condition? Was it...	A one-time health matter, such as appendicitis or injury; The treatment of an injury or illness that now requires routine scheduled care, such as chemotherapy or physical therapy; or An ongoing health condition that affects one's ability to work from time to time, such as diabetes, migraines, depression, or Multiple Sclerosis? OTHER (SPECIFY): DK REF	NEW	A10	
	For this leave, in what month and year did you start taking time off?	ENTER MONTH [RANGE: 1-12] ENTER YEAR [RANGE 2009-2011]	NEW	A13	
	How many separate blocks of time did you take off from work during your [longest/most recent] leave?	[RANGE: 1-100]	NEW	A15	

2000 Question Number, In Original Order	Question Text	Response Categories	Disposition	2012 Variable Name	Notes
	In what month and year did the last block of time for this leave begin?	ENTER MONTH [RANGE: 1-12] ENTER YEAR [RANGE 2009-2011]	NEW	A16	
	In what month and year did this leave end?	ENTER MONTH [RANGE: 1-12] ENTER YEAR [RANGE 2009-2011]	NEW	A17	
	To review: You've taken leave for [[FILL QA5]; IF QA5=DK/REF DISPLAY "and you are not able to tell us the reason"], [and you began taking leave in QA13 MONTH QA13 YEAR - IF MONTH OR YEAR IS DK/REF LEAVE OUT, IF BOTH ARE MISSING DISPLAY "and you are not able to tell us when it began"], [and you are currently on this leave/and it ended in QA17 MONTH QA17 YEAR - IF MONTH OR YEAR IS DK/REF LEAVE OUT, IF BOTH ARE MISSING DISPLAY "and you are not able to tell us when it ended"]. Is that correct?	YES NO DK REF	NEW	A18	
	How much time was needed for the care for the military member?	HOURS [RANGE: 1-500] DAYS [RANGE: 1-500] WEEKS [RANGE: 1-100] MONTHS [RANGE: 1-24] DK/REF	NEW	A19a	
	In the last 18 months, did anyone else in your household take leave for the same reason you mentioned?	YES NO DK REF	NEW	A19b	
	What is this person's relationship to you?	Spouse Unmarried partner Parent Child Sibling Aunt or Uncle Son- or Daughter-in-law Father- or Mother-in-law Grandchild Grandparent0	NEW	A19c	

2000 Question Number, In Original Order	Question Text	Response Categories	Disposition	2012 Variable Name	Notes
	How much time in total did this person take off from work for the same reason you mentioned?	HOURS [RANGE: 1-500] DAYS [RANGE: 1-500] WEEKS [RANGE: 1-100] MONTHS [RANGE: 1-24] DK/REF	NEW	A19d	
	I'm going to read you some possible effects from taking leave from work that you may or may not have experienced. As a result of taking leave:		NEW	A23	
	a. Did you lose your job? b. Did you lose your seniority or potential for job advancement? c. Were you unable to afford an unpaid leave? d. Did you reveal personal information about yourself, your care recipient, or family relationships? e. Were you treated differently because of the reason you took leave? f. Were you able to maintain or pay for health insurance? g. Did you [FILL SPECIFY FROM QA22g]?	YES NO DOES NOT APPLY DKREF			
	Did your employer require medical certification for this leave?	YES NO DK REF	NEW	A26	
	Was your medical certification accepted on the first submission for this leave?	YES NO DK REF	NEW	A28	
	Why wasn't your medical certification accepted on the first submission? [SELECT ALL THAT APPLY]	Physician not accepted Submission not considered timely DK (VOL) REF (VOL)	NEW	A29	
	Did your employer require multiple doctors visits - that is, a second or third opinion - to obtain your INITIAL medical certification?	YES NO DK REF	NEW	A30	

2000 Question Number, In Original Order	Question Text	Response Categories	Disposition	2012 Variable Name	Notes
	Did you pay out of your own pocket for your medical certification (for example, a co-pay or a portion of the cost)?	YES NO DK REF	NEW	A33	
	Did your employer require medical RE-CERTIFICATION?	YES NO DK REF	NEW	A35	
	Did you pay out of your own pocket for your medical RE-certifications (for example, a co-pay or portion of the cost)?	YES NO DK REF	NEW	A39	
	How much time did you need to take off from work in order to obtain medical certification?	HOURS [RANGE: 1-100] DAYS [RANGE: 1-100] WEEKS [RANGE: 1-50] DID NOT TAKE EXTRA TIME OFF DK REF	NEW	A41	
	How long before you took your [leave/most recent block of time off from work] did you provide notice to your employer?	HOURS [RANGE: 1-100] DAYS [RANGE: 1-100] WEEKS [RANGE: 1-50] MONTHS [RANGE: 1-24] DID NOT PROVIDE NOTICE BEFORE LEAVE DK REF	NEW	A42	
	Was receiving some of the pay as part of [FILL ITEMS FROM QA46 THAT EQUAL 1] your choice, did your employer require it, or both?		NEW	A47	
	a. Paid time off, or PTO b. Your sick days or sick leave c. Your vacation days or vacation leave d. Personal leave e. Maternity leave f. Paternity leave	EMPLOYEE'S CHOICE REQUIRED BY EMPLOYER BOTH DK REF			
	Was the pay you received part of...		NEW	A48	

2000 Question Number, In Original Order	Question Text	Response Categories	Disposition	2012 Variable Name	Notes
	a. Temporary disability insurance? b. State-paid family leave? c. State-paid disability leave? d. Some other benefit I haven't already mentioned?	YES NO DK REF			
	Did your employer require you to obtain fitness for duty certification before you returned to work?	YES NO DK REF	NEW	A60	
	[FILL QS6 AX] has been selected as the respondent for this survey. May I please speak to [FILL QS6 AX] for the rest of the interview?	YES/PHONE HANDED OFF NOT AVAILABLE ALTERNATE NUMBER PROVIDED DK/REF	NEW	HANDOFF2	
	How many different times did you need leave but not take it, IN THE LAST YEAR [12 MONTHS, INSERT DATE]?	RANGE: 1-100 DK (VOL) REF (VOL)	NEW	B5	
	Were all the times you needed leave but did not take it since [INSERT 18 MONTH PERIOD] for the SAME reason or condition, or were they for DIFFERENT reasons or conditions?	SAME DIFFERENT DK REF	NEW	B5a	
	For how many TOTAL reasons or conditions did you need leave from work, but not take it, since [INSERT 18 MONTH PERIOD]?	RANGE: 1-100 DK (VOL) REF (VOL) 9	NEW	B5b	
	[IF QS8=9 FOR SELECTED RESPONDENT:]	MALE FEMALE DK	NEW	GUESSGENDER 2	
	What type of deployment-related issue did you need to address for this leave?	Events or activities sponsored by the military before deployment Childcare or school activities Financial or legal arrangements Non-medical counseling Short-notice deployment Events or activities sponsored by the military after the military member returned 6 Issues arising from the death of hte military member OTHER DK	NEW	B6a	

2000 Question Number, In Original Order	Question Text	Response Categories	Disposition	2012 Variable Name	Notes
		REF			
	What was the age of your care recipient?	0-1 YEARS 2-17 YEARS 18-40 YEARS 41-59 YEARS 60-69 YEARS 70-79 YEARS 80-89 YEARS 90 OR OLDER DK (VOL) REF (VOL)	NEW	B9	
	Was this leave taken in order to care for a member of the military for a service-related health condition or injury?	YES NO	NEW	B10	
	What is that person's relationship to you?	SPOUSE PARENT SON OR DAUGHTER NEXT OF KIN 4 OTHER DK REF	NEW	B10a	military member's relationship to the respondent
	How much time was needed to care for the military member?	HOURS [RANGE: 1-500] DAYS [RANGE: 1-500] WEEKS [RANGE: 1-100] MONTHS [RANGE: 1-24] DK/REF	NEW	B10b	

2000 Question Number, In Original Order	Question Text	Response Categories	Disposition	2012 Variable Name	Notes
	What was the nature of this health condition for which you need to take this leave? Was it:	A one-time health matter, such as appendicitis or injury; The treatment of an injury or illness that now requires routine scheduled care, such as chemotherapy or physical therapy; or An ongoing health condition that affects one's ability to work from time to time, such as diabetes, migraines, depression, or Multiple Sclerosis? OTHER (SPECIFY): DK REF	NEW	B11	
	And how many different times did you need leave for this reason or condition, IN THE LAST YEAR [12 MONTHS, INSERT DATE]?	[RANGE: 1-100] DK88 REF	NEW	B14a	
	Were you ineligible because you only worked part-time?	YES NO DK REF	NEW	B16	From original B3
	Were you ineligible because you hadn't worked long enough for your employer?	YES NO DK REF	NEW	B17	From original B3
	[FILL QS6 AX] has been selected as the respondent for this survey. May I please speak to [FILL QS6 AX] for the rest of the interview?	YES/PHONE HANDED OFF NOT AVAILABLE ALTERNATE NUMBER PROVIDED DK/REF	NEW	HANDOFF3	
	[IF QS8=9 FOR SELECTED RESPONDENT:]	MALE FEMALE DK	NEW	GUESSGENDER 3	
	To the best of your knowledge, are employees who are covered by the federal FMLA law entitled to take leave for the following reasons?		NEW	E4a	

2000 Question Number, In Original Order	Question Text	Response Categories	Disposition	2012 Variable Name	Notes
	a. For the care of a newborn b. For an employee's own serious health condition c. For the care of a child with a serious health condition d. For the care of a spouse with a serious health condition e. For the care of a parent with a serious health condition f. For the care of a grandparent with a serious health condition g. For the care of a grandchild with a serious health condition h. For the care of a sibling with a serious health condition i. For the care of an adopted child with a serious health condition j. For the care of a military service member k. For reasons related to the deployment of a military service member	YES NO DK REF			rather than asking each respondent all 11 items, 4 items will be subsampled per respondent (one of which will come from the "false" items and one of which will come from the military-related items)
	Does your employer have an attendance policy that includes penalties for absences?	YES NO DK REF	NEW	E8	
	[Were/Are] you a member of a labor union?	YES NO DK REF	NEW	D3	
	How many people over the age of 65 are in your care?	ENTER RANGE 0-7; 7=7 OR MORE] DK REF	NEW	D8	
	Do you think of yourself as:	1 Gay or lesbian 2 Straight 3 Bisexual 4 SOMETHING ELSE 8 DK 9 REF	NEW	D9	
	[Is your/Do you have a] [spouse/partner/spouse or partner] living outside of the household?	YES NO DK REF	NEW	D11	

2000 Question Number, In Original Order	Question Text	Response Categories	Disposition	2012 Variable Name	Notes
	Those are all the questions we have for you at this time. Can I please have your name and address so I can send you your check?	YES NO	NEW	END1	
	So that we can group households geographically, may I have your zip code?	RANGE: 00000-99999 DK REF	NEW	ZIP	

Appendix D: Results from the 2012 FMLA Employee Survey Incentive Experiment

D.1 Overview

This appendix presents the results of a randomized experiment to evaluate the efficacy of using a post-paid monetary incentive to increase the response rate in the landline random digit dial (RDD) sample of the 2012 Employee Survey. The Employee Survey featured a screening interview and an extended interview. The screener was used to determine whether the household contained any members of the target population and, if so, to randomly select one eligible adult for the extended interview. The target population was defined as adults in the U.S. who had been employed for pay in the private or public sector at any time during the 12 months prior to the interview. This target population did not include those who were self-employed since they are not subject to the FMLA.

Previous Employee Surveys were conducted in 1995 and 2000, both times using a landline RDD sample. In response to changing telephone service patterns, the 2012 Employee Survey featured an overlapping dual frame landline and cell phone RDD design. The initial data collection protocol included \$10 remuneration for extended interview respondents who were reached in the cell phone RDD sample (as they may have incurred a cost from the call) but no incentive for extended interview respondents reached in the landline sample.

The literature on survey incentives suggested that offering a monetary incentive to landline sample respondents could potentially increase the response rate, but the evidence was mixed (Arbitron 2003; Cantor et al. 1998, 2003; Kropf et al. 2000; Singer et al. 2000; Strouse and Hall 1997). Incentive payments to survey respondents have been used extensively for many years to improve survey response rates. There is considerable research-based evidence supporting the value of compensation for increasing cooperation and improving the speed and quality of response in a broad range of data collection efforts. The offer of a monetary incentive can help persuade the respondent to participate in the survey. The incentive may reduce the “cold call” effect, by piquing interest in the introduction to the survey, when vital information is conveyed about purpose, content and timing. The likelihood of observing a beneficial effect from incentives depends in large part on the different incentive levels tested. Not surprisingly, there is more empirical support for incentives when larger differences are tested (e.g., \$15 versus \$0) than when smaller values are tested (e.g. \$5 versus \$0) (Cantor et al. 2003; Strouse and Hall 1997).

In order to test the efficacy on an incentive in the landline sample, a randomized experiment was conducted during the first weeks of data collection for the Employee Survey. The remainder of this appendix details how the experiment was conducted as well as the results observed.

D.2 Experimental Design

The incentive experiment, which was limited to the landline sample, featured two conditions: a treatment condition and a control condition. In the treatment condition, eligible adults selected for the extended interview were offered a \$10 post-paid incentive for completing the interview. In the control condition, no incentive was offered. Prior to the start of interviewing, each landline number in the first 148 replicates (each replicate consisted of 600 landline numbers) was randomly assigned to either the \$10 treatment condition or the control condition. Telephone numbers were divided evenly

with a 50 percent probability of being assigned to each group. The total count of sampled landline numbers assigned to each group is presented in Exhibit D.1. The incentive experiment was conducted from February 1 to April 10, 2012.

Exhibit D.1 2012 Employee Survey Landline Sample by Incentive Experiment Condition

Experimental Group	Total Count of Landline Numbers
\$10 Incentive Group	40,219
\$0 Control Group	40,197
Total	80,416

The incentive was mentioned early in the screener survey, immediately after the interviewer confirmed that they were speaking with an adult. The interviewer script for cases in the treatment condition was, “If you qualify and then complete the survey, we will pay you \$10 as a token of our appreciation.” Interviewers then proceeded to roster all adults in the household and obtain information about their employment status and family and medical leave experiences. It is important to note that the incentive was offered for completion of the extended interview; it was not offered for completion of the screener.

Based on the research literature on survey incentives, we anticipated that the \$10 incentive would increase the response rate and/or reduce costs relative to the no incentive condition. In particular, we identified several metrics for use in evaluating the effect from the incentive:

1. Response rate (AAPOR RR3, defined as the number of completed interviews divided by the number of eligible cases plus the portion of the cases of unknown eligibility)
2. Cooperation rate (AAPOR COOP1, defined as the number of cases interviewed divided by the number of eligible units ever contacted)
3. Productivity with key FMLA subgroups (defined as the proportion of extended interviews conducted with respondents who took leave or had unmet need for leave during the reference period)
4. Level of effort (as measured by the mean number of attempts per completion)
5. Incentive cost (time to administer the survey, actual cost of the incentive, and processing costs to administer the incentive payment).

We hypothesized that when a monetary incentive is used, the cooperation rate would be higher and mean number of call attempts per completion would be lower. Decreasing the interviewer effort required to complete the landline interviews would lower the data collection costs, resulting in a net cost saving from the incentives. We also hypothesized that the promise of an incentive would motivate participants to complete the survey versus terminating early, resulting in a higher survey completion rate. A gain of at least five percentage points in the cooperation rate for the treatment group over the control group (based on contacted working, residential numbers) would suggest that we proceed with an incentive for all landline respondents. This is the minimum level at which we would expect to see cost savings result from reduced call attempts.

D.3 Results

Exhibit D.2 presents the results of the incentive experiment. There were a total of 344 and 305 completed interviews in the incentive and control groups, respectively (Interview, Category 1). In general, the experiment did not yield strong support for the landline sample incentive.

Exhibit D.2 Dispositions by Experimental Condition

	AAPOR Code	Incentive (\$10)			Control (\$0)		
		Screener	Extended	Overall	Screener	Extended	Overall
Interview (Category 1)							
Complete	1.000	2,608	344		2,680	305	
Eligible, non-interview (Category 2)							
Refusal	2.110	2,237	139		2,264	160	
Break-off	2.120	1,353			1,277		
Respondent never available	2.210	10			16		
Answering machine household-no message left	2.221	1,090			1,177		
Other, non-refusals	2.300	566			586		
Physically or mentally unable/incompetent	2.320	346			343		
Language barrier	2.330	339			325		
Unknown eligibility, non-interview (Category 3)							
Always busy	3.120	20			28		
No answer	3.130	2,721			2,804		
Technical phone problems	3.160	1			1		
No screener completed	3.210	2,778			2,882		
Not eligible (Category 4)							
Fax/data line	4.200	755			794		
Non-working/disconnect	4.300	23,462			23,068		
Business, government office, other organizations	4.510	1,933			1,952		
Total phone numbers used		40,219	483		40,197	465	
Summary							
Completes and Screen-Outs (1.0/1.1)	I	2,608	344		2,680	305	
Partial Interviews (1.2)	P	0	0		0	0	
Refusal and break off (2.1)	R	3,590	139		3,541	160	
Non Contact (2.2)	NC	1,100	0		1,193	0	
Other (2.3)	O	1,251	0		1,254	0	
Unknown household (3.1)	UH	2,742	0		2,833	0	
Unknown other (3.2, 3.9)	UO	2,778	0		2,882	0	
Not Eligible (4.0)	NE	26,150	0		25,814	0	
Response Rate 3*		26.3%	71.2%	18.7%	26.5%	65.6%	17.4%
Cooperation Rate		35.0%	71.2%	24.9%	35.9%	65.6%	23.5%
Refusal Rate		36.2%	28.8%	10.4%	35.0%	34.4%	12.1%
Contact Rate		75.2%	100%	75.2%	74.0%	100%	74.0%

*AAPOR Response Rate 3= $I / ((I+P) + (R+NC+O) + e(UH+UO))$ The e coefficient = $(I+P+R+NC+O) / ((I+P+R+NC+O)+NE)$

Response Rate

Exhibit D.2 presents three response rates for each condition: the screener response rate, the extended interview response rate, and the overall response rate, which is the product of the screener and extended interview response rates. The screener response rate for the treatment condition (26.3%) is nearly identical to that for the control condition (26.5%, difference *n.s.*). This result is not surprising given that the incentive was targeted for the participation with the extended interview, not the screener.

There was a larger effect observed for the extended interview response rates: 71.2% for the treatment condition (n=483) versus 65.6% for the control condition (n=465). This difference, however, is not statistically significant. In big picture terms, this result also failed to meet our threshold for practical significance. The difference in the overall response rate between the experimental conditions was just 1.3 percentage points. While this difference in overall response rates is statistically significant (based on treatment n=14,069 and control n=14,383), it is too small to justify the expenses associated with the incentive, which are discussed below.

Cooperation Rate

There was essentially no difference observed between the screener cooperation rate in the treatment group (35.0%) and the control group (35.9%) (*n.s.*). As shown in Exhibit 2, the cooperation rates for the extended interview are identical to the response rate for the extended interview, which was discussed above. The cooperation metric, thus, provided no support for the incentive.

Productivity with Key Leave Subgroups

The third metric we considered was the proportion of extended interviews that were completed with respondents who took leave (“leave takers”) or needed to take leave (“employees with unmet need for leave”). Adults belonging to these groups were of particular analytic interest in the Employee Survey. From a data collection standpoint, however, they were difficult to interview because their population incidence is relatively low (especially for employees with unmet need for leave), and they were administered a longer questionnaire relative to other respondents. Exhibit D.3 shows the distribution of leave designation among the extended interview completions in each experimental condition. The results show a slightly higher yield of employees with unmet need for leave in the control group (17.7% versus 14.0% in the treatment group), which runs counter to expectations – the incentive was expected to bring in more employees with unmet need for leave and leave-takers by offsetting the burden of their longer interview. This difference in proportions, however, is not statistically significant.

Exhibit D.3 Completion Rate by Interview Type

Leave designation of extended interview respondent	Incentive (\$10)		Control (\$0)	
	N	%	N	%
Leave taker	158	45.9%	126	41.3%
Employees with unmet need for leave	48	14.0%	54	17.7%
Neither unmet need for leave nor took leave	138	40.1%	125	41.0%
Total	344	100.0%	305	100.0%

Furthermore, when employees with unmet need for leave and leave-takers are pooled together, there is no meaningful difference in the yields observed for the two conditions. Some 59.9% of the

respondents in the incentive group are leave takers or employees with unmet need for leave, while 59.0% of the respondents in the control group are leave takers or employees with unmet need for leave ($p=.41$). This analysis of productivity with the key survey subgroups provides no meaningful support for the incentive.

Level of Effort

Another important metric was the average level of effort required to complete extended interviews. If the incentive condition required significantly less effort than those in the control condition, this would suggest that the incentive may pay for itself or possibly even reduce overall study costs. We found no significant difference between the two experiment groups, however. The mean number of attempts per completed full interview was 3.6 attempts in the incentive group versus 3.3 attempts in the control group. The mean numbers of attempts to screen a household were virtually identical in the two groups (2.9 attempts in the incentive group and 3.0 attempts in the control group). The level of effort analysis, therefore, provides no support for the incentive.

Cost

The total cost of the incentive was a function of the average interview length in each condition, the cost of the incentive itself, and the material and handling costs associated with processing the incentive payment. The total interview administration time was nearly two minutes longer for the incentive group (19 minutes, 15 seconds) versus the control group (17 minutes, 11 seconds). The difference may be at least partially accounted for by the necessity of collecting and confirming name and contact information in order to mail the incentive check. Post-interview incentive payment and processing costs amount to \$11.50 per completed interview.

D.4 Conclusions

Analysis of the experiment yielded very little support for the \$10 condition relative to the \$0 condition. The modest difference in the extended interview response rate fell short of thresholds for statistical or practical significance. The small potential increase to the overall survey response rate from the incentive was not justified by its costs. Based on this evaluation, the incentive experiment was suspended part-way through the Employee Survey field period. Landline sample respondents in subsequent replicates were not offered an incentive for completing the extended interview.

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Kropf, M.E., Scheib, J., and Blair, J. 2000. The effect of alternative incentives on cooperation and refusal conversion in a telephone survey. *Proceedings of the American Statistical Association, Section of Survey Research Methods*.

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Appendix E: NRFU Employee Survey

KEY NUMBER FOR COMPLETED INTERVIEW: _____

2012 FAMILY AND MEDICAL LEAVE EMPLOYEE SURVEY

NRFU

NOTE:

**RESPONSE OPTIONS IN ALL CAPS ARE NOT READ ALOUD BY THE INTERVIEWER.
TEXT IN ALL CAPS IS A PROGRAMMER NOTE OR INTERVIEWER INSTRUCTION.
TEXT IN BRACKETS IS TO BE FILLED IN PROGRAMMATICALLY OR DETERMINED BY
INTERVIEWER.**

[If LANDLINE, start interview at INTRO1. If CELL PHONE, start at INTRO2]

INTRO1. Hello, my name is [INTERVIEWER] and I'm calling on behalf of the U.S. Department of Labor. This is not a sales call. We are conducting a national study to find out about employees' use of, and attitudes about, family and medical leave policies in their workplace. May I please speak with [NAME]?

- | | | |
|---|---|--------------------------------|
| 1 | AVAILABLE | [CONTINUE TO TOP OF PAGE 3] |
| 2 | NOT AVAILABLE (CALLBACK – SAME NUMBER) | [SCHEDULE CALLBACK] |
| 3 | ALTERNATE NUMBER PROVIDED (CALLBACK – NEW NUMBER) | [UPDATE NUMBER, GO TO UP1] |
| 8 | DK (VOL) | [GO TO THANK02] [SOFT REFUSAL] |
| 9 | REF (VOL) | [GO TO THANK02] [SOFT REFUSAL] |

[CATI: Ask UP1 if INTRO1 = 3]

UP1. Is that a landline or cell phone?

- | | |
|---|------------|
| 1 | Landline |
| 2 | Cell Phone |

INTRO2. (Hello, my name is [INTERVIEWER] and I'm calling on behalf of the U.S. Department of Labor. This is not a sales call. We are conducting a national study to find out about employees' use of, and attitudes about, family and medical leave policies in their workplace. May I please speak with [NAME]?)

If you are now driving a car or doing any activity requiring your full attention, I need to call you back later.

- | | | |
|---|--|--------------------------------|
| 1 | AVAILABLE/NOT DRIVING | [CONTINUE TO TOP OF PAGE 3] |
| 2 | NOT AVAILABLE/CURRENTLY DRIVING (CALLBACK – SAME NUMBER) | [SCHEDULE CALLBACK] |
| 3 | ALTERNATE NUMBER PROVIDED (CALLBACK – NEW NUMBER) | [UPDATE NUMBER, GO TO UP2] |
| 8 | DK (VOL) | [GO TO THANK02] [SOFT REFUSAL] |
| 9 | REF (VOL) | [GO TO THANK02] [SOFT REFUSAL] |

[CATI: Ask UP2 if INTRO2 = 3]

UP2. Is that a landline or cell phone?

- | | |
|---|------------|
| 1 | Landline[|
| 2 | Cell Phone |

[ALL RESPONDENTS:] We estimate this survey will take about 5 minutes to complete, depending on your answers. If you qualify and then complete the survey, we will pay you \$20 as a token of our appreciation. Your participation is voluntary and all information you provide will be kept private to the greatest extent possible under the law. We have many procedures in place to reduce the small potential risk of loss of privacy. If we should come to any question you don't understand or don't want to answer, I'll try to clarify or we can move on to the next question.

IF TAKER, CONTINUE TO SECTION A BELOW
IF NEEDEER, SKIP TO SECTION B, PAGE 8
IF EMPLOYED ONLY SKIP TO SECTION C, PAGE 13

SECTION A – LEAVE TAKERS

A1. I want to confirm with you that in the last 18 months, that is, since February 2011,

you have taken leave from work for ANY of the following reasons:

- to care for a newborn, newly adopted or new foster child; (IF NECESSARY: This includes both maternity AND paternity leave)
- for your own serious health condition or to care for someone else's serious health condition;
- for your own or a family member's pregnancy-related reasons; or
- to care for a military service member, or for reasons related to the deployment of a military service member?

(A serious health condition, for purposes of this survey, means a condition that lasted more than 3 days and required treatment by a health care provider, a condition that required an overnight hospital stay, or a long-lasting condition for which one must see a health care provider at least twice a year for treatment. It may also include a condition that makes one permanently unable to work or perform other daily functions, or that requires treatments to keep from becoming incapacitated.)

Is this correct? [Have you taken leave from work for one or more of these reasons?]

- | | | |
|---|-----------|------------------------|
| 1 | YES | [GO TO QA2, next page] |
| 2 | NO | [GO TO QB2, page 8] |
| 8 | DK (VOL) | [GO TO QB2, page 8] |
| 9 | REF (VOL) | [GO TO QB2, page 8] |

A2. Was there an event like this IN THE LAST YEAR, since July 2011?

- | | |
|---|-----------|
| 1 | YES |
| 2 | NO |
| 8 | DK (VOL) |
| 9 | REF (VOL) |

A4. We are interested in the number of times you took leave from work for A SINGLE reason or condition (yours, or that of the person you cared for), and this is regardless of whether you took time off all at once or in separate blocks of time. So, for how many TOTAL reasons or conditions did you take leave from work since February 2011?

[RANGE: 1-100]
DK (VOL) 888
REF (VOL) 999

[IF QA2=2, SKIP TO QA5]

A4a. For how many TOTAL reasons or conditions did you take leave from work IN THE PAST YEAR, that is since July 2011?

[RANGE: 1-100]
DK (VOL) 888
REF (VOL) 999

A5. Thinking about your most recent leave, what was the main reason you took this type of leave from work? [SINGLE MENTION]

- | | | |
|----|--|---------------------|
| 1 | OWN ILLNESS, DISABILITY OR OTHER SERIOUS HEALTH
CONDITION, EXCEPT MATERNITY-RELATED ILLNESS | [GO TO A10, page 6] |
| 2 | [IF FEMALE RESPONDENT:]
FOR MATERNITY-RELATED DISABILITY, OR OTHER
PREGNANCY-RELATED AILMENT PRIOR TO DELIVERY | [GO TO A10, page 6] |
| 3 | [IF FEMALE RESPONDENT:] FOR MATERNITY-RELATED DISABILITY
AND TO CARE FOR A NEWBORN | [GO TO A14, page 6] |
| 4 | [IF FEMALE RESPONDENT:] MISCARRIAGE | [GO TO A14, page 6] |
| 5 | TO CARE FOR NEWBORN | [GO TO A14, page 6] |
| 6 | TO CARE FOR NEWLY ADOPTED CHILD | [GO TO A14, page 6] |
| 7 | TO CARE FOR NEWLY PLACED FOSTER CHILD | [GO TO A14, page 6] |
| 8 | TO BOND WITH NEWBORN | [GO TO A14, page 6] |
| 9 | TO BOND WITH NEWLY ADOPTED CHILD | [GO TO A14, page 6] |
| 10 | TO BOND WITH NEWLY PLACED FOSTER CHILD | [GO TO A14, page 6] |
| 11 | CHILD'S HEALTH CONDITION | [GO TO A14, page 6] |
| 12 | SPOUSE'S HEALTH CONDITION | [GO TO A10, page 6] |
| 13 | PARENT'S HEALTH CONDITION | [GO TO A10, page 6] |
| 14 | OTHER RELATIVE'S HEALTH CONDITION | [GO TO A6, below] |
| 15 | OTHER NON-RELATIVE'S HEALTH CONDITION | [GO TO A7, below] |
| 16 | DOMESTIC PARTNER'S HEALTH CONDITION | [GO TO A10, page 6] |
| 17 | TO ADDRESS ISSUES ARISING FROM THE DEPLOYMENT OF A MILITARY MEMBER | [GO TO A9a, below] |
| 98 | DK (VOL) | [GO TO A10, page 6] |
| 99 | REF (VOL) | [GO TO A10, page 6] |

A6. What is that person's relationship to you?

- | | | |
|---|-----------------------|-----------------------|
| 1 | GRANDCHILD | (SKIP TO A10, page 6) |
| 2 | GRANDPARENT | (SKIP TO A10, page 6) |
| 3 | SIBLING | (SKIP TO A10, page 6) |
| 4 | AUNT/UNCLE | (SKIP TO A10, page 6) |
| 5 | OTHER (SPECIFY) _____ | (SKIP TO A10, page 6) |
| 8 | DK (VOL) | (SKIP TO A10, page 6) |
| 9 | REF (VOL) | (SKIP TO A10, page 6) |

A7. What is that person's relationship to you?

- | | | |
|---|---|-----------------------|
| 1 | PARENT-IN-LAW | (SKIP TO A10, page 6) |
| 2 | CHILD THAT IS NOT YOUR BIOLOGICAL CHILD | (SKIP TO A10, page 6) |
| 3 | OTHER (SPECIFY) _____ | (SKIP TO A10, page 6) |
| 8 | DK (VOL) | (SKIP TO A10, page 6) |
| 9 | REF (VOL) | (SKIP TO A10, page 6) |

A9a. What is that person's relationship to you?

- | | | |
|---|-----------------------|-----------------------|
| 1 | SPOUSE | (SKIP TO A10, page 6) |
| 2 | PARENT | (SKIP TO A10, page 6) |
| 3 | SON OR DAUGHTER | (SKIP TO A10, page 6) |
| 4 | NEXT OF KIN | (SKIP TO A10, page 6) |
| 5 | OTHER (SPECIFY) _____ | (SKIP TO A10, page 6) |
| 8 | DK (VOL) | (SKIP TO A10, page 6) |
| 9 | REF (VOL) | (SKIP TO A10, page 6) |

A10. What was the nature of the health condition for which you took this leave? Was it:
[READ LIST]

- 1 A one-time health matter, such as appendicitis or injury;
- 2 The **treatment** of an injury or illness that now requires routine scheduled care, such as chemotherapy or physical therapy; or
- 3 An ongoing health condition that affects one's ability to work from time to time, such as diabetes, migraines, depression, or Multiple Sclerosis?
- 4 OTHER (SPECIFY): _____
- 8 DK (VOL)
- 9 REF (VOL)

A14. Did you take this time off continuously -- that is, all in a row without returning to work -- or did you take leave on separate occasions?

- 1 ONE CONTINUOUS BLOCK OF TIME [GO TO A59, NEXT PAGE]
- 2 SEPARATE OCCASIONS [GO TO A59, NEXT PAGE]
- 8 DK (VOL) [GO TO A59, NEXT PAGE]
- 9 REF (VOL) [GO TO A59, NEXT PAGE]

WHEN LEAVE WAS OVER

A59. After your leave ended, did you go back to work: for the same employer, for a new employer, or did you not return to work at all?

- 1 SAME EMPLOYER [GO TO E2, page 14]
- 2 NEW EMPLOYER [GO TO E2, page 14]
- 3 DID NOT RETURN TO WORK [GO TO E2, page 14]
- 8 DK (VOL) [GO TO E2, page 14]
- 9 REF (VOL) [GO TO E2, page 14]

GO TO E2 on page 14 (DO NOT ASK SECTION B)

[IF NEEDER OR A1=2/8/9, BEGIN AT SECTION B]

SECTION B – LEAVE NEEDERS

B2. I want to confirm with you that in the last 18 months, that is, since February 2011:

You NEEDED to take leave from work but DID NOT, for ANY of the following reasons:

- to care for a newborn, newly adopted or new foster child; (IF NECESSARY: This includes both maternity AND paternity leave)
- for your own serious health condition or to care for someone else’s serious health condition;
- for your own or a family member’s pregnancy-related reasons; or
- to care for a military service member, or for reasons related to the deployment of a military service member?

[IF YES: A serious health condition, for purposes of this survey, means a condition that lasted more than 3 days and required treatment by a health care provider, a condition that required an overnight hospital stay, or a long-lasting condition for which one must see a health care provider at least twice a year for treatment. It may also include a condition that makes one permanently unable to work or perform other daily functions, or that requires treatments to keep from becoming incapacitated.]

Is that correct? [Have you needed but not taken leave from work for one or more of these reasons?]

- | | | |
|---|-----------|---------------------|
| 1 | YES | [ASK QB3] |
| 2 | NO | [GO TO C1, page 13] |
| 8 | DK (VOL) | [GO TO C1, page 13] |
| 9 | REF (VOL) | [GO TO C1, page 13] |

B3. Was there an event like this IN THE LAST YEAR since July 2011?

- | | |
|---|-----------|
| 1 | YES |
| 2 | NO |
| 8 | DK (VOL) |
| 9 | REF (VOL) |

B4. How many different times did you need leave but not take it, since February 2011?

- [RANGE: 1-100]
DK (VOL) 888
REF (VOL) 999

[IF B4>1]:

B5a. Were all of the times you needed leave but did not take it since February 2011 for the SAME reason or condition, or were they for DIFFERENT reasons or conditions?

- 1 SAME
- 2 DIFFERENT
- 8 DK (VOL)
- 9 REF (VOL)

[IF B5a=2,8,9]:

B5b. For how many TOTAL reasons or conditions did you need leave from work, but not take it, since February 2011?

- [RANGE: 1-100]
- DK (VOL) 888
- REF (VOL) 999

B6. Thinking of the most recent reason you needed leave since February 2011, what was the most recent reason for which you needed to take leave from work? [SINGLE MENTION]

- 1 OWN ILLNESS, DISABILITY OR OTHER SERIOUS HEALTH CONDITION, EXCEPT MATERNITY-RELATED ILLNESS [GO TO B11, page 11]
- 2 [IF FEMALE RESPONDENT:] FOR MATERNITY-RELATED DISABILITY, OR OTHER PREGNANCY-RELATED AILMENT PRIOR TO DELIVERY [GO TO B11, pg11]
- 3 [IF FEMALE RESPONDENT:] FOR MATERNITY-RELATED DISABILITY **AND** TO CARE FOR A NEWBORN [GO TO B14, pg 11]
- 4 [IF FEMALE RESPONDENT:] MISCARRIAGE [GO TO B14, pg 11]
- 5 TO CARE FOR NEWBORN [GO TO B14, pg 11]
- 6 TO CARE FOR NEWLY ADOPTED CHILD [GO TO B14, pg 11]
- 7 TO CARE FOR NEWLY PLACED FOSTER CHILD [GO TO B14, pg 11]
- 8 TO BOND WITH NEWBORN [GO TO B14, pg 11]
- 9 TO BOND WITH NEWLY ADOPTED CHILD [GO TO B14, pg 11]
- 10 TO BOND WITH NEWLY PLACED FOSTER CHILD [GO TO B14, pg 11]
- 11 CHILD'S HEALTH CONDITION [GO TO B11, pg 11]
- 12 SPOUSE'S HEALTH CONDITION [GO TO B11, pg 11]
- 13 PARENT'S HEALTH CONDITION [GO TO B11, pg 11]
- 14 OTHER RELATIVE'S HEALTH CONDITION [GO TO B7, pg 10]
- 15 OTHER NON-RELATIVE'S HEALTH CONDITION [GO TO B8, pg 10]
- 16 DOMESTIC PARTNER'S HEALTH CONDITION [GO TO B11, pg 11]
- 17 TO ADDRESS ISSUES ARISING FROM THE DEPLOYMENT OF A MILITARY MEMBER [GO TO B10a, pg 10]
- 98 DK (VOL) [GO TO B11, pg 11]
- 99 REF (VOL) [GO TO B11, pg 11]

B7. What is that person's relationship to you?

- | | | |
|---|-----------------------|----------------------|
| 1 | GRANDCHILD | (GO TO B11, page 11) |
| 2 | GRANDPARENT | (GO TO B11, page 11) |
| 3 | SIBLING | (GO TO B11, page 11) |
| 4 | AUNT/UNCLE | (GO TO B11, page 11) |
| 5 | OTHER (SPECIFY) _____ | (GO TO B11, page 11) |
| 8 | DK (VOL) | (GO TO B11, page 11) |
| 9 | REF (VOL) | (GO TO B11, page 11) |

B8. What is that person's relationship to you?

- | | | |
|---|---|----------------------|
| 1 | PARENT-IN-LAW | (GO TO B11, page 11) |
| 2 | CHILD THAT IS NOT YOUR BIOLOGICAL CHILD | (GO TO B11, page 11) |
| 3 | OTHER (SPECIFY) _____ | (GO TO B11, page 11) |
| 8 | DK (VOL) | (GO TO B11, page 11) |
| 9 | REF (VOL) | (GO TO B11, page 11) |

B10a. What is that person's relationship to you?

- | | | |
|---|-----------------------|----------------------|
| 1 | SPOUSE | (GO TO B14, page 11) |
| 2 | PARENT | (GO TO B14, page 11) |
| 3 | SON OR DAUGHTER | (GO TO B14, page 11) |
| 4 | NEXT OF KIN | (GO TO B14, page 11) |
| 5 | OTHER (SPECIFY) _____ | (GO TO B14, page 11) |
| 8 | DK (VOL) | (GO TO B14, page 11) |
| 9 | REF (VOL) | (GO TO B14, page 11) |

B11. What was the nature of the health condition for which you needed to take this leave? Was it:
[READ LIST]

- | | |
|---|---|
| 1 | A one-time health matter, such as appendicitis or injury; |
| 2 | The treatment of an injury or illness that now requires routine scheduled care, such as chemotherapy or physical therapy; or |
| 3 | An ongoing health condition that affects one's ability to work from time to time, such as diabetes, migraines, depression, or Multiple Sclerosis? |
| 4 | OTHER (SPECIFY): _____ |
| 8 | DK (VOL) |
| 9 | REF (VOL) |

B14. How many different times, since February 2011, did you need leave for the REASON OR CONDITION you mentioned?

[RANGE: 1-100]

DK (VOL) 888

REF (VOL) 999

B14a. And how many different times did you need leave for this reason or condition, IN THE LAST YEAR since July 2011?

[RANGE: 1-100]

DK (VOL) 888

REF (VOL) 999

[IF EMPLOYED OR B2=2/8/9, BEGIN AT SECTION C]

SECTION C – EMPLOYED ONLY

C1. I want to confirm with you that in the last 18 months, that is, since February 2011, you have NOT taken or needed to take leave from work, for ANY of the following reasons:

- to care for a newborn, newly adopted or new foster child; (IF NECESSARY: This includes both maternity AND paternity leave)
- for your own serious health condition or to care for someone else’s serious health condition;
- for your own or a family member’s pregnancy-related reasons; or
- to care for a military service member, or for reasons related to the deployment of a military service member?

[IF NECESSARY:] A serious health condition, for purposes of this survey, means a condition that lasted more than 3 days and required treatment by a health care provider, a condition that required an overnight hospital stay, or a long-lasting condition for which one must see a health care provider at least twice a year for treatment. It may also include a condition that makes one permanently unable to work or perform other daily functions, or that requires treatments to keep from becoming incapacitated.

Is this correct? [You have not needed or taken leave from work for any of these reasons?]

- | | | |
|---|-----------|----------------------|
| 1 | YES | [GO TO QE2, page 14] |
| 2 | NO | [GO TO QE2, page 14] |
| 8 | DK (VOL) | [GO TO QE2, page 14] |
| 9 | REF (VOL) | [GO TO QE2, page 14] |

SECTION E – EMPLOYMENT (ALL RESPONDENTS)

E2. Have you ever heard of the federal Family and Medical Leave Act?

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

E7. I'm going to read a list of benefits that some employers offer to their employees. Are you eligible to receive any of these benefits?

(INTERVIEWER: ONLY ASK B, D, E, AND F)

- b. Flexplace or telecommuting [IF NECESSARY: an option which allows you to work away from the regular office site for a specified number of hours]
- d. Paid family leave [IF NECESSARY: this includes maternity leave, paternity leave, and paid adoption leave]
- e. Paid vacation
- f. Paid sick time

[RESPONSE CATEGORIES:]

- 1 YES
- 2 NO/BENEFIT NOT OFFERED BY EMPLOYER
- 3 DEPENDS ON CIRCUMSTANCES
- 8 DK (VOL)
- 9 REF (VOL)

E11. At the place where you work -- for example the site, store, or building -- would you say there are 50 or more employees?

- 1 YES
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

[IF E11=1, READ RESPONSES 6-99 ONLY]

E12. Please think now of all of your organization's work sites within 75 miles. How many people are employed at your organization across all of the work sites within that 75 mile range, including this site?

[IF DK, READ: "Would you say it is..."]

- 1 1-9
- 2 10-19
- 3 20-29
- 4 30-39
- 5 40-49
- 6 50-99
- 7 100-249
- 8 250-499
- 9 500 OR MORE
- 98 DK (VOL)
- 99 REF (VOL)

E13. Between July 2011 and the present, have you worked continuously for the same employer [IF NECESSARY: except for the leave you just told me about]?

- 1 YES
- 2 NO [GO TO D1, next page]
- 8 DK (VOL)
- 9 REF (VOL)

E14. Between July 2011 and the present, were you always a full-time employee [IF NECESSARY: except for the leave you just told me about]?

- 1 YES [GO TO D1, next page]
- 2 NO
- 8 DK (VOL)
- 9 REF (VOL)

E15. Between July 2011 and the present, how many hours per week have you worked on average?

- [RANGE: 0-80]
- DK (VOL) 888
- REF (VOL) 999

[GO TO D1]

ASK D SECTION TO ALL RESPONDENTS

SECTION D – DEMOGRAPHICS (ALL RESPONDENTS)

And finally, just a few questions for statistical purposes only.

D1. What is the highest level of education you have completed?

- 1 LESS THAN HIGH SCHOOL
- 2 SOME HIGH SCHOOL
- 3 HIGH SCHOOL GRADUATE
- 4 GED
- 5 SOME COLLEGE/ASSOCIATE'S DEGREE
- 6 COLLEGE GRADUATE
- 7 GRADUATE SCHOOL
- 8 DK (VOL)
- 9 REF (VOL)

D4. What is the total combined income of all members of your FAMILY during the past 12 months? This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and any other money income received by members of your family who are 15 years of age or older.

D4a. Was your family income \$35,000 or above?

- 1 YES [GO TO D4b]
- 2 NO [GO TO D4f]
- 8 DK [GO TO D5]
- 9 REF [GO TO D5]

D4b. Was it \$40,000 or above?

- 1 YES [GO TO D4c]
- 2 NO [GO TO D5]
- 8 DK [GO TO D5]
- 9 REF [GO TO D5]

D4c. Was it \$50,000 or above?

- 1 YES [GO TO D4d]
- 2 NO [GO TO D5]
- 8 DK [GO TO D5]
- 9 REF [GO TO D5]

D4d. Was it \$75,000 or above?

- 1 YES [GO TO D4e]
- 2 NO [GO TO D5]
- 8 DK [GO TO D5]
- 9 REF [GO TO D5]

D4e. Was it \$100,000 or above?
1 YES [GO TO D5]
2 NO [GO TO D5]
8 DK [GO TO D5]
9 REF [GO TO D5]

D4f. Was it \$30,000 or above?
1 YES [GO TO D5]
2 NO [GO TO D4g]
8 DK [GO TO D5]
9 REF [GO TO D5]

D4g. Was it \$20,000 or above?
1 YES [GO TO D5]
2 NO [GO TO D4h]
8 DK [GO TO D5]
9 REF [GO TO D5]

D4h. Was it \$10,000 or above?
1 YES [GO TO D5]
2 NO [GO TO D4j]
8 DK [GO TO D5]
9 REF [GO TO D5]

D4j. Was it \$5,000 or above?
1 YES [GO TO D5]
2 NO [GO TO D5]
8 DK [GO TO D5]
9 REF [GO TO D5]

D5. Do you consider yourself to be Hispanic or Latino? [IF NECESSARY: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.]

1 YES
2 NO
8 DK (VOL)
9 REF (VOL)

D6. What race do you consider yourself to be? Please select one or more of the following.
[READ LIST]

- 1 American Indian or Alaska Native,
- 2 Asian,
- 3 Native Hawaiian or Pacific Islander,
- 4 Black or African American, or
- 5 White?
- 6 SOME OTHER RACE (VOL) _____
- 8 DK (VOL)
- 9 REF (VOL)

D7. How many children under 18 years old are in your care?

- [ENTER RANGE 0-7; 7 = 7 OR MORE]
- 8 DK (VOL)
 - 9 REF (VOL)

D9. Do you think of yourself as:
[READ LIST]

- 1 [IF MALE RESPONDENT:] Gay / [IF FEMALE RESPONDENT:] Lesbian or gay
- 2 [IF MALE RESPONDENT:] Straight, that is, not gay / [IF FEMALE RESPONDENT:] Straight, that is, not lesbian or gay, or
- 3 Bisexual?
- 4 SOMETHING ELSE (VOL)
- 8 DK (VOL)
- 9 REF (VOL)

D10. Are you currently...
[READ LIST]

- 1 Married,
- 2 Living with a partner,
- 3 Separated,
- 4 Divorced,
- 5 Widowed, or
- 6 Never married?
- 8 DK (VOL)
- 9 REF (VOL)

ASK T SECTION TO ALL RESPONDENTS

SECTION T – TELEPHONE USAGE (ASK TO ALL RESPONDENTS)

Before we finish, we just have a few quick questions about telephone use in your household. These items will be used for statistical purposes to make sure that all households in the country are represented in this study.

T1. Now thinking about your telephone use, do you have a working cell phone?

- 1 YES, HAVE CELL PHONE
- 2 NO, DO NOT HAVE CELL PHONE
- 9 DK/REF (VOL)

[IF T1 =1]

T4. Is a cell phone your ONLY phone, or do you also have a regular landline telephone at home?

- 1 CELL PHONE IS ONLY PHONE
- 2 HAVE LANDLINE TELEPHONE AT HOME
- 9 DK/REF (VOL)

[Ask to all]

END1. Those are all the questions we have for you at this time.

Can I please have your name and address so I can send you your check?

- 1 YES [GO TO END2]
- 2 NO [GO TO ZIP]

[Ask ZIP if END1=2]

ZIP. So that we can group households geographically, may I have your zip code?

- RANGE: 00000-99999
- 999998 DK (VOL)
- 999999 REF (VOL)

[GO TO END3]

[Ask END2 only if END1=1]

END2. ENTER:

NAME :

ADDRESS:

CITY/STATE/ZIP:

[RE-READ ALL TO CONFIRM]

END3. Thank you very much for your time. If you have any questions or would like further information about this study, you can call Allison Ackermann at (1-877-666-8756) during normal business hours.

[FOR INTERVIEWER USE ONLY:]

LANGUAGE OF INTERVIEW:

3. ENGLISH
4. SPANISH